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MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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VOL. XVI. HALIFAX, N. S., SEPTEMBER, 1904 No. 9

Presidential Address.*

By SIMON J. TUNSTALL, B. A., M. D., C. M., Vancouver, B. C.

I feel that my first duty to-night is to offer you my very hearty thanks for the honor you have conferred upon me in electing me president of this association for the ensuing year.

When I recall the names of those who have preceded me in this chair, I can only ask your indulgence for the deficiencies you may find in me, of which I am very conscious, and express the hope that under my presidency the interests of the association may in no wise suffer nor its honor be in any way tarnished.

The present occasion is no ordinary one. In the appointment of a president from among the members of the association, whose home and work lie in this far distant portion of the Dominion, and in our meeting here to-day at the doorway of the west, a new departure has been made.

I am far too modest to suppose for an instant that any particular merit of mine has induced the association to make this departure; rather I conceive it to be due to a general recognition of the claims and standing of the western members as a whole, and of the growing importance of this fair western province.

I should be performing my duties but poorly did I not seize this early opportunity to thank you on behalf on my western confreres, and on behalf of the people of this province in general, and of this city in particular, for the compliment you have paid us in selecting this province and this city as a place of meeting for this year, and I feel I am only expressing their wishes in tendering you a hearty western welcome to our midst, and their hopes that your brief stay among us will be both pleasant and profitable to you all.

To many of you, probably to most of you, the rapid progress and general development of this young province will come as a surprise. It does to most of our visitors from the older parts of the Dominion

* Read before the Canadian Medical Association, Vancouver, August 24th, 1904.

who know how recent has been the settlement of the west. And certainly, looking round one, it does seem scarcely realisable that the site of this rapidly expanding city, of which its citizens are so justly proud, and this very spot on which this building stands, surrounded by so many comforts and refinements of modern life, was less than two decades ago a wild and almost impenetrable virgin forest, the haunts of the bear, the deer, and the primitive savage.

It is less than a score of years by two that the incorporation of this city took place, and yet today it will compare favorably with many cities in the older provinces twice and thrice its age. From the medical standpoint it is reaching after a high ideal.

The incomparable water supply which is brought in closed steel conduits from the bosom of the mountains to the north of us, the sewerage system with its septic tanks that deliver their effluent into tidal waters, the paved streets with their array of cleaners, the cement sidewalks which are now throughout the city rapidly replacing the earlier and cruder planking, the public and private hospitals, the general hospital which is now being built and which when finished will be the peer of any hospital of its size, all make it clear that we are endeavoring to keep abreast of the times as well in sanitary as in other matters.

It is no idle boast then, if I say that in the west events move rapidly. Time is no sluggard here, and we see history fashioning itself before our eyes. The whole of this great province was in indisputed possession of savage aborigines a half century ago. The closing years of the first half of the nineteenth century saw the first real settlement made on Vancouver Island at a place called Camosum in the native tongue, now Victoria, the capital of the province.

A few years later, in 1858, an Act was passed in the home parliament to provide for the government of this new colony, thereafter to be known as British Columbia. From this date the real settlement of the Province begins. The discovery of gold in the Fraser and Cariboo soon made these districts as famous and as widely known as Sacramento or Ballarat, and a great inrush of population was the result. But a very few years later the conception of that colossal and momentous undertaking, the building of the Canadian Pacific Railway, began to shape itself in men's minds and was finally carried out. You are all doubtless familiar with the history of that great undertaking and know the almost insuperable difficulties its earlier promotors had to contend with, and how in the end, in spite of political, natural, and every other obstacle and hindrance, they successfully carried through the scheme and made possible the union of British Columbia and the great north west with the rest of Canada, and gave us as a result that splendid heritage, that united land which stretches from ocean to ocean, from the rising of the

sun to the going down thereof—a land of which all her sons and daughters are so proud—our beloved Canada.

It is gratifying to our profession to know that it has been ably and honorably represented among those history makers in the persons of Drs. Helmcken and Tolmie, who were the first medical men to settle in the colony, about the middle of the last century. Both took prominent part in the earlier events of the province. The former still remains among us; the latter has gone to his rest. Prior to their advent the native medicine man had it all his own way.

There is a significance, not without interest to my mind, in the fact that this association, representing as it does to-day in its various members the highest medical knowledge of this enlightened period of the world's history, should meet here in this new country where Shamanism, or the cult of the savage "Medicine Man," so recently prevailed and does to some extent still prevail. The old and the new order of things are thus brought into suggestive contrast and juxtaposition, and we are led naturally to reflect upon the stages and steps we have passed since the days when all medical knowledge was comprised in the superstitious and rude practices of our savage prototypes, and in spite of our sometime failures and our lack of knowledge, still in certain directions the reflection on the whole is a pleasant and gratifying one both to ourselves and humanity at large. It certainly would not be the least interesting of subjects were I to attempt on on this occasion a general survey of the march and progress of medical science from the days and practices of the primitive medicine man as we find him even in this province, down to the times and discoveries of Lister, Pasteur, Virchow and their followers.

But it is not my intention to undertake such a task to-night, interesting and appropriate as it might under the circumstances be, although I cannot leave the subject without calling your attention briefly to a fact of which all of you may not be aware, and which gives pertinence to my reference to the old time Shaman or medicine man. We are all familiar with hypnotism, but there are few of us perhaps aware that in the employment of hypnotism as a therapeutic agent we are returning to primitive methods, to the practice of our savage prototypes. Those who have made special study of the practices and customs of savage races inform us that the primitive doctor, or "medicine-man" was not that self-conscious fraud and humbug knowingly duping his credulous patients he is commonly thought to have been, but a person who had a real belief in his own powers and cures; and that those powers and cures were, when genuine, generally, if not always, attributable to hypnotism, especially to that phase of it known as suggestion. A state of hypnosis was induced in his patient by the monotonous droning of his medicine song and the noise of his rattle, and when in this condition his attempt to extract the spirit of the disease from the patient's body, and his statement

that he had presently accomplished it, acted suggestively upon the imagination of the patient and effected his cure. "Extremes meet," and there is nothing new under the sun, we are told, and the school of Nancy, which is founded upon the suggestive phase of hypnotism, is not a new practice, but an unconscious return, or rather I should say it is an unconscious modification and extension of these primitive methods which were in vogue among our savages here up to a few years ago, and may be to this day, for aught I know to the contrary.

But enough on this head. It is my intention rather to bespeak your consideration to-night of a point or two which I, in common with many of the members of the profession, have very much at heart, and which I deem of such importance as to merit our most careful consideration and endorsement.

I have referred in particular to—

1. The Canadian Medical Protective Association.
2. The Federal Health Bill.
3. The Dominion Medical Council.
4. The Treatment of Inebriates.

With regard to the first, the Canadian Medical Protective Association, I would desire to urge upon members the strong claims this association has upon the profession. I am among those who believe in the need of such an association, and that it may be made a valuable means of assisting and protecting members of our profession from wrongful actions-at-law, to which we are all of us at all times liable; actions brought by irresponsible persons for alleged malpractice, or by unscrupulous persons for the purpose of obtaining money under threats of injury to our professional character.

It is well known that a medical man's professional prospects depend to a very large extent, if not entirely, upon his professional reputation, and it is not difficult, therefore, for unprincipled persons to attempt to levy blackmail upon him by threatening to bring action against him for malpractice or professional incapacity, which action, though wholly groundless and undeserved, may have the most disastrous effects upon his career and pocket.

During the past two years the association has fought out several such cases successfully and has amply demonstrated its usefulness and justified its existence. It is therefore a matter of wonderment to many of us that the association has thus far received so little encouragement or support from the profession as a whole. Out of a possible 5,500, the total membership last year was only 252. This is altogether too small a number to make the aims and work of the association effective, or sustain it in a solvent condition, and I welcome this opportunity to invite your earnest co-operation in enlarging its membership and strengthening the hands of the executive, and would to this end suggest that a special committee be struck during the convention for the purpose of considering how best to enlist the

sympathies and support of our brethren who are not yet members. I cannot but think that a large increase in the membership must inevitably result if the aims of the association be once rightly understood.

The objects of the association are such as all can subscribe to. It is not intended to defend or assist in defending unworthy members, or those who are actually guilty of malpractice, or who have brought discredit upon the profession. It aims rather to assist the worthy, those of its members who are wrongfully charged and whose character and reputation are placed at stake; and also to deter irresponsible and unscrupulous persons from bringing action against members of the profession for the purpose of spiting or injuring them, or of exacting a bribe for their silence; and it is only by uniting ourselves together in such a way as this association offers that we can hope to secure the support of our brethren and become immune to many attacks which would otherwise be made upon us.

I feel therefore that we have but to devise some plan of arousing the interest of our brethren in the matter to ensure their support and co-operation.

And now a word or two as to the Federal Health Bill. Thanks to the energetic efforts of the special committee appointed to attend to this matter, considerable progress has been made towards the attainment of our desires in this behalf. The interest and sympathy of the ministers of the Crown have been secured, and the Minister of Agriculture, the Hon. Mr. Fisher, under whose department the matter more directly falls, has taken the matter up most courteously and is thoroughly alive to its urgency and need. For the information of those not familiar with this subject I would briefly say that this association, at its meeting in Montreal in 1902, placed itself on record by resolution to the effect that it is expedient that a Department of Public Health be created by the Dominion Government and administered under the authority of one of the existing ministers of the Crown, thus bringing all general questions relating to sanitary science and public health, under one central authority to be known as the Public Health Department. There is no need for me to dwell upon the importance or desirability of this step; it must commend itself to every member of the profession.

Thus far the Government has not seen its way to grant the desired measure. The work is not yet accomplished, and the need of pushing the matter still exists. I sincerely hope the meeting will not dissolve without first passing a strong resolution in favor of the measure and thus encourage and strengthen the hands of the committee who have this work in hand.

And now I desire to touch upon my third point, which I regard as of the highest importance. I refer here to the Dominion of Canada. Medical Act which was assented to, in the Federal House, in 1902

We are under a deep debt of gratitude to the members of the special committee, and especially to Dr. T. G. Roddick for his untiring efforts to get this measure placed upon the statutes of the country, and it is with great regret that I notice so much misapprehension as to the scope and powers of this bill still exists in certain quarters. It has been thought that it would encroach upon the rights and privileges of the different Provincial Medical Boards and interfere with their autonomy, and I gladly hail this opportunity to say a few words which may help to remove this misapprehension. It was, and is, not in any way intended to interfere with existing provincial rights or intrench upon the prerogatives of provincial medical boards. As an instance, in my own native province, Quebec, our French speaking brethren will have the right to examination in their own language.

Provincial registration and provincial boards will still continue to exist, and each province will be at liberty to fix whatever standard it pleases for its own practitioners. They can, where they wish, continue to exist as examining boards with power to grant provincial licenses as they now do, and in any case in their hands will be left all matters relating to taxation and professional discipline.

The bill is a purely permissive one, and though it has been placed upon the statutes of the country, it will be necessary before it can become operative to have the consent and co-operation of all the provincial medical boards. Each provincial board will have to seek a slight amendment to its present Medical Act. This is all that is now required to make this most desirable measure effective and I sincerely trust that this consent and co-operation will not be long wanting, for the aims and scope of this act are such as should commend themselves to every member of the profession. Briefly, I would say that the main purpose of this bill is to establish a Central Medical Council of Canada with power to examine candidates and grant licenses the possession of which shall ensure to the holders thereof such a medical status as will enable them to practice not only in all parts of the Dominion but in the United Kingdom as well, or indeed in any portion of His Majesty's Empire ; in short to do away with those mortifying disabilities under which a medical man trained in Canada now labors and put him upon a footing of professional equality with his brethren in other parts of the Empire. This is assuredly a laudable and most desirable object, and one which, in my humble opinion, should call forth the best efforts of each one of us to bring about its accomplishment ; and I sincerely trust that some concerted action will be taken in this matter before the meeting closes.

It is the least, I think, we can do to show our appreciation of the strenuous efforts exerted in securing the passage of so important a measure.

This brings me to my fourth and last point—"The Treatment of Inebriates." A conviction has been steadily growing in the minds of

most medical men of late years that something should be done for the care and control of dipsomaniacs and inebriates in the form of founding establishments combining the main features of an hospital and an insane asylum, where drunkards could be legally confined under medical authority and treated in a systematic and enlightened manner. The practice hitherto of treating them as criminals subject to a fine or short periods of confinement in the common prisons of the country has been shown to be wholly unsatisfactory and often productive of the greatest evil to themselves and those who may be dependent upon them.

There can be no doubt, I think, that the care and treatment of these unfortunate members of society, is a question of the gravest and most vital importance and should command the interest and attention of medical men as a subject, which, coming well within their province, affects so seriously the general commonwealth.

A movement towards this end has already been taken in Ontario, and a bill drafted, the principles of which have received the endorsation of the Toronto Medical Society and also of our own Association; but what we want is a Dominion Act, affecting the whole country, and it would be a source of the greatest satisfaction to me if this meeting would take this question up seriously and nominate a committee to draft a measure that could be submitted to the Federal authorities. This could be done either on the lines of the Ontario bill or any others that might commend themselves.

Speaking personally I may say that I shall be only too glad to help in drafting such a measure and giving any other assistance in my power. For I am convinced that the adoption and carrying out of the provisions of a bill of this kind will do much to diminish the volume of sickness, pauperism, vice, and crime that now stains the annals of our country, and restore to lives of usefulness and self-respect many of those poor unfortunates whom it is the design of such a measure to control and help.

Before closing my address I wish to express to our visiting brethren my appreciation of the kindly feeling and interest which have actuated them in taking part in the deliberations of our National Association, and to hope that their stay may be fruitful of pleasant reminiscences.

And now, gentlemen, I must thank you for your kind reception of me as your President this year, and for the patient and courteous hearing you have given to my remarks, and trust that the suggestions I have ventured to offer, may meet with your approval and receive your support.

Original Communications.

INTERESTING CONGENITAL CONDITION. GRAVES DISEASE—AN ANOMALOUS CASE.*

By Dr. D. T. C. Watson, Halifax, N. S.

Mr. President and Members:—This being my first appearance in the role of speaker before the Maritime Medical Association, I desire, before going further, to express my appreciation of the honor which I, as one of the youngest members thereof, regard it to be privileged to speak before the association, and particularly before so large and representative a meeting as this. You will pardon my errors, and bear with me if my endeavor to interest everyone be not as successful as I should desire.

Case I.—Mrs. M., multipara, was expecting to be confined, and I was engaged to attend her. I being away on the evening on which she took sick, another doctor was called. He confined the patient, who went through a normal labor and was delivered of a male child. I saw her on the following day, and things generally were in a satisfactory condition. My attention was attracted, however, to a lump on the child's head over the parietal area. Examination revealed the presence of a somewhat ovoid swelling of about the size of a large hen's egg, soft, expansile, partly compressible, its centre capable of being depressed by the finger to below the level of the surrounding bone plates, and with a distinct bony margin easily felt beneath the scalp, surrounding the swelling in its entire circumference. Manipulation produced apparent discomfort, causing the child to cry, the swelling becoming tense as it did so.

Three congenital conditions of the nature involving protrusion of the cranial contents are referred to in the text books as in any way frequently met with. They are—1st and most usual, the simple 'meningocele,' being a protrusion of the meninges in the form of a sac containing cerebro-spinal fluid; 2nd and less common, the variety called 'encephalocele,' the membranous sac containing instead of fluid brain substance; 3rd and most rarely the condition known as 'meningo-encephalocele' or 'hydrencephalocele' in which the sac contains both brain substance and fluid; and the occurrence of all alike is attributed to defective development of the cranial vault, more particularly to the non-closure of a suture, the tumor being usually

*Read before Meeting of Maritime Medical Association, Halifax, July 6th, 1904.

situated in the line of one of these. In connection with each condition are described features and symptoms more or less distinctive of the special variety. By careful examination and a process of exclusion I arrived at a diagnosis of the simple form, 'meningocele,' surprising myself at this, because—and this is the point of interest in connection with the case—besides being situated altogether out of the line of any suture, the entire base of the tumor was formed of the more solid cranial contents, the whole parietal area on that side of the head being completely bare as far as its bony covering was concerned, and thus ample opportunity afforded for protrusion of any, or, in part, all of the contents of the cranium.

These congenital conditions are, at best, rare, and it is interesting to meet with them—but rarer still and much more interesting to meet with one such as this in which evidence of faulty bony development is so marked. The child, in other respects, had every appearance of sound health and the family history is good, so just why such a condition should exist is not easy to determine.

Asked for a prognosis, I gave, naturally, an unfavourable one.—We have been unfortunate in not having had opportunity to follow the career of this case very far, as at the age of three weeks the child developed broncho-pneumonia of which it died. No change occurred in the appearance of the condition during its brief existence, and opportunity was not afforded for examining, post mortem, either cranium or brain.

Case II.—*Introduction.*—My next case is one which it has been my fortune to meet with in dispensary practice. In preparing this report, my object has been, not to enter upon a discussion of the affection known as "Graves's disease" in all the different phases which it may present, but rather an endeavour to place before you, in as clear a manner as possible, a clinical picture of what I regard as an anomalous case of Graves's disease, one of a class which Trousseau has designated as "abortive forms, and important types of the disease,"—in doing which I shall make an effort to dwell particularly upon the unusual character of the symptoms, with the object of assisting to a diagnosis in these obscure cases which will occasionally puzzle us.

B. U.—Male, age 52, N. S., widower, consulted me for the first time on 23rd April last, complaining as follows,—great weakness all the time, attacks of palpitation followed by feeling of faintness; soreness in the back; stiffness and lameness in the legs, most about the joints, with tendency for the legs to give out when going up and down hill; great nervousness; a trembling all over the body which he is unable to control; ravenous appetite; intense thirst; eyesight been weakening lately and eyes protruding so much as to cause him anxiety; perspires very freely and very easily; inability to retain his urine for more than a hour or so at a time, and passing of an

excessive amount, sometimes nearly a pint at a time, and amounting occasionally to as much as 7 to 8 pints in the 24 hours; feeling of heat all over the body, but mostly the upper part.

In the *family history* there is nothing conspicuous beyond a history of intemperance and tuberculosis on the father's side. A rheumatic tendency among his relatives. No neuropathic taint as far as can be ascertained. There are seven brothers and sisters living and well.

Patient's personal history is as follows.—Ordinary infectious diseases of childhood. Always been a hard laborer exposed to all sorts of weather. An attack of lead colic ten years ago which lasted a couple of months. With exception of occasional colds he has always enjoyed good health, previous to onset of present trouble. Denies any venereal infection, nor is there history of vicious habits. Has used liquor in moderation, but has always been a heavy user of tobacco, which he blames for his nervous condition.

Present trouble dates from what appears to have been an attack of influenza two years ago last March, when he was laid up for two days with a heavy cold, fever, and soreness and pains all over the body, without, however, receiving any treatment. When he got up he felt very nervous and weak, especially in the legs and arms, and continued so all the following summer, during which time the thirst, appetite and urine symptoms developed, apparently very suddenly. In the latter part of the year he saw a doctor and got some medicine which he took in the form of drops, for about two months. While taking this his eyes began to protrude. The trembling and weakness of the legs lessened, but other symptoms remained unchanged. He continued in this condition for a year, i. e. until last fall, when the trembling and weakness returned, and patient on consulting a physician was sent to hospital for treatment. All the symptoms at this time seem to have been more pronounced than before, and there appeared another not before noticed—night sweating, which which was the source of much distress. According to the records, the patient was in hospital ten weeks, during which a general tonic and constructive line of treatment—rest in bed, high feeding, and tonic— was followed, with in addition medicinal treatment directed against symptoms, such as night sweats, as they arose. During his stay in hospital, the patient gained 20 lbs. in weight. He was discharged as improved in the month of March last, feeling, he says, stronger, but with the trembling and all other symptoms except the night sweats, all still present. Shortly after this he consulted, through the mail, a quack doctor whose advertisements he had seen, and bought and used some of his medicines. Feeling no better, however, he sought assistance at the dispensary.—The following notes were made on examination.—Patient is an ordinary sized man of medium height and build, but very thin and emaciated looking. He wears an anxious, restless

expression and seems very nervous, his eyes staring. His skin, particularly that of the face and neck, upper part of the chest and hands, is of a peculiar dark brownish color and dry. He is anæmic. There is a fine rapid tremor involving almost the entire body but particularly noticeable in the limbs, over which he has no control. The muscles of the body are wasted, soft and flabby, and their contractile power markedly diminished. Sensation in the skin is not impaired. The superficial reflexes are normal, the deep diminished. Patient's gait is not affected, nor is his speech. There in no enlargement of the neck, but marked pulsation in the carotids, and a subjective sensation of beating and emptiness in the epigastrium. The pulse is 85 per minute, fairly strong, but with some irregularity in the rythm. The arteries are somewhat sclerosed and tortuous.

Examination of the chest.—Lungs practically normal. Heart: evidence of some enlargement; increase of dull area outwards to left with slight displacement of apex beat in same direction. No murmurs. The beat is strong and widely diffused, but not regular, a lapse occurring with every fifth or sixth, followed by slight fluttering before the regular beat is resumed. *Examination of abdomen*: beyond a visible pulsation in the epigastrium and general thinning of the abdominal walls, reveals nothing, the organs being, as far as can be thus determined, not abnormal. *The eyes*: exophthalmos pronounced; motion of globe in all directions good, reflexes normal except the wink, which is less active than in health; Græfe's symptom is present but not Stelwag's; electrical reaction not tested. *Examination of the urine* reveals the following conditions: specific gravity 1018; reaction very acid; albumen present in slight amount, sugar absent, urea normal, microscopically an abundant deposit of oxalate of lime crystals; casts of the tubules both hyaline and granular, with a few pus and mucus corpuscles.

Definition—J. J. Putnam's definition of the disorder is the following—Exophthalmic Goitre or Graves's disease (called by the Germans Basedow's disease) is a chronic, not self limited affection characterized by a great variety of signs and symptoms the most familiar of which are enlargement of the thyroid gland, prominent eye-balls, nervous irritation, muscular tremor, and vaso-motor affections of striking character. Disorders of metabolism also occur, and many other manifestations mainly due to disturbances of nerve function, though there are frequently associated with them certain signs suggestive of morphological disorders of growth, and others of myxœdema-like character.

Etiology—It would be a needless expenditure of time and energy for me to enter here upon a discussion of the various theories which have from time to time been held by different authorities as to the cause of Graves's disease. They have been many, some even claiming the disease to be due to an auto-intoxication arising in the intestinal

tract, others to a toxin produced somewhere in the system and acting mainly by destroying the eliminating powers of the kidneys. Most of these have however been short lived. Suffice it to mention those which have enjoyed most prominence and been strongest in withstanding the fiery criticisms of investigators. They have been three, namely 1st. that the disease is due to a constant lesion in the medulla oblongata coupled with some lesion of the sympathetic nervous system; 2nd. that it is caused by a saturation of the system with toxins produced as the result of perverted function of the thyroid glands; and 3rd. that the disease is a neurosis; each having in its turn the most enthusiastic and loyal support from its advocates. The medulla theory has, after a long and fierce contest, been pretty well exploded. The main contention in its favor was that numerous experiments upon the different parts which compose the medulla gave rise to symptoms identical with many of those encountered in Graves's disease. In the medulla, however, there are, so intimately associated, the four great centres—cardiac -controlling, respiratory, vaso-motor and glycogenic, and the field in which to work is so restricted, that experiments here would in any case be prone to give rise to emotional manifestations. The lesions supposed to exist, moreover, are by no means constantly found post-mortem. In further support of the theory, cases of Graves's disease are reported which post-mortem showed such evidence as changes in the olivary and restiform bodies and obliteration of the central canal of the cervical cord, with frequent alterations in the cervical sympathetic such as diminution in size of its ganglia with firm adhesions to their surroundings. A majority of contrast cases, however, are cited, in which post-mortem no such changes could be detected in any of these structures. The theory had therefore but little to support it clinically, and it is not difficult to understand why it should have been abandoned. That the sympathetic is, however, in some way associated with the cause of the disease seems still apparent from recent reports of cases in which marked improvement and even cure has followed excision of the cervical sympathetic with its ganglia. The neurotic and toxic theories are still to a large extent favourably entertained. No less an authority than Charcot was a supporter of the former, he believing the disease to be a branch of the neuropathic, and closely allied to the arthritic family. Others put forth, as contentions in favor of the theory, its proneness to occur in the female sex, especially in neurotic individuals, and its being easily precipitated in such by disturbing factors of strongly emotional character; the effect occasionally observed, of reflex irritation arising from pathological conditions in the female generative organs; also the fact of some well-defined nervous diseases, such as tabes, being frequently observed as intercurrent affections. The toxic theory is to-day, perhaps, the most popular, and holds in the main, that as a result of pathological changes in the thyroid body, its secretory function is perverted, leading to the

non-neutralization of toxins formed, and their being set free in the system to exert their poisonous influence thereon. J. J. Putnam after a careful review of the situation summarizes as follows:—"The time has gone by for any considerable number of supporters to be found for the theory that the disease is due to localized lesions in the medulla or sympathetic nervous system. The key to the real mystery of the disease must be sought elsewhere, and it is generally agreed that the only plausible explanations of the great array of symptoms liable to present themselves are on one hand that suggested by the name 'neurosis,' and on the other that which assumes a toxic action due to altered secretion of the thyroid. We are still, however, probably far from a full knowledge of the disease in all its complexity."

Pathology.—A consideration of the pathology of the condition as far as our present knowledge of it goes throws but little more light on the subject than does the discussion of the various theories as to its causation It would serve no useful purpose to spend much time upon it here. The most we can say we know is, that there are definite changes, fairly constant, in the thyroid body, consisting mainly in increase of fibrous tissue with proliferation of the cellular elements of the gland, and a diminution in the amount of colloid material. Whether, however, these pathological changes are primary, or in reality secondary to some affection, or at least disturbance, in the central nervous system, remains yet to be ascertained. It would be beyond the scope of this paper, much as I should like to discuss the ætiology and pathology as far as we understand them, of this affection. I pass on, therefore, to a consideration of the symptoms as concerning us more at present.

Symptoms.—In considering the symptomatology of this complex disorder with a view to arriving at a diagnosis, one necessarily has foremost in mind the classical quartet enlarged thyroid, exophthalmos, tachycardia and tremor—all, or nearly all, of which might naturally be expected to be present in a case following the ordinary course. With the majority of these symptoms occurring together in a patient, one has reasonable ground for feeling tolerably sure of his diagnosis, and for considering most other manifestations as subsidiary, or at least, secondary to them. When, however, these apparently subsidiary manifestations precede, or almost entirely take the place of those more widely recognized and important symptoms, the observer is necessarily placed in somewhat of a dilemma, and has equally good reason for hesitation in making a diagnosis, until he has fully and carefully considered the condition. In Graves's disease no single symptom may not be either absent or so inconspicuous as not to challenge attention, and even when present they are frequently present in so different a manner to that to which we are accustomed, and together with so many other and unusual symptoms, that the true nature of the condition may not for some time be recognized.

For this very good reason the term "exophthalmic goitre" so commonly applied, appears in many respects to be a misnomer, and I have avoided the use of it here. The irregularity of the symptoms presented in this case will be evident at a glance. Of the four so-called cardinal symptoms of Graves's disease, there are present here only two, exophthalmos and tremor—tachycardia and thyroid enlargement both being conspicuous by their absence. In addition to these, and besides the usual minor manifestations such as nervousness, weakness, etc., we have present a number of symptoms—polyphagia, polydipsia, polyuria and hyperidrosis—which, unusual as they are, combine to render the case one of peculiar interest.

Of the recognized symptoms tremor is generally conceded to be the commonest and most constant, its absence being a very rare exception. H. W. G. McKenzie has reported in the Lancet a series of 30 cases in which this symptom never once failed. Other observers corroborate this evidence. Exophthalmos is also so constant a symptom that its absence is noted as being very rare; it may however appear irregularly, sometimes at an early, at others at a late stage, may appear in one eye some time previous to its appearance in the other, may only appear in one eye, or may exist thus as a symptom of the so called unilateral cases, in which symptoms present themselves on one side of the body only, and of which there are several cited in the literature. The absence of tachycardia is so rare that the possibility of its occurrence is very apt to be overlooked and is worthy of special note. Very few cases are recorded in which this symptom did not exist. J. J. Putnam speaking of irregularity of symptoms says of it—"Even rapid pulse may be absent, though this is extremely rare, a pulse of only 90 has occasionally been noted." So complete an absence almost of cardiac disturbances as this case presents is certainly a rare exception.

Thyroid enlargement is the most inconstant of all the regular symptoms—its absence is frequently noted in cases which present in other respects all the symptoms typical of Graves's disease, the course of the affection in such not differing in any essential from the ordinary. Enlargement may be present, but be so slight as not to attract particular notice, and it may affect either lobe alone or be even confined, in very rare cases, to the isthmus.

Of *minor manifestations* more or less uncommon, a number may be mentioned, many of which appear here. Such are great nervousness amounting at times to uncontrollable anxiety and palpitation; general weakness, especially of the legs and arms, accompanied by cramps in the limbs; diarrhœa; sensation of warmth of body; an irritable cough; headache; insomnia and albuminuria. Those complained of in this case are—the nervousness, general weakness, with giving way of the legs, and crampy pains in the legs and arms; palpitation; warmth of the body with tendency to very rapid chilling; night-sweats occasionally; with, in addition the objective symptoms dark coloration of the skin and the presence of albumen in the urine. The patient, on the other hand, has not at any time since the onset

been troubled with headache, has always slept well, has no cough, and the bowels tend rather to be costive. Charcot in one of his lectures on this subject at the Salpetriere said: "Besides the classical trio, there may occur elevation of temperature of 1° or 2° (the urine showing no febrile changes), muscular trembling, sensation of warmth, giving way of the legs with or without spasmodic or lancinating pains; palpitation and dark coloration of the skin." The same authority laid stress on diminished electrical resistance of the body as a symptom almost as common as tremor.

The nervousness and palpitation so common to these cases is attributed to the general disturbance of the nervous system. The Italian pathologist Angiolella ascribes the weakness of the legs so frequently observed to a mild paraplegia due to a lumbar myelitis, and the frequent occurrence of cramps and soreness in the limbs has led the same observer to believe in the existence of a peripheral neuritis. The sensation of warmth complained of by patients is a symptom which is fairly frequent but not well understood. It is sometimes evidenced as sudden flushings, confined perhaps to the upper part of the body, as the head and neck alone—at others as a warm feeling of the entire body, more or less continuous, though the thermometer may show no rise of body temperature nor may there be any other evidence of a febrile condition. With reference to the state of the bowels, A. Maude calls attention to paroxysmal attacks of diarrhœa, the cause of which is not clearly known, as a symptom more common than is supposed. Headaches may be due in many instances to digestive derangements. An irritable cough is often present, and mainly a reflex symptom. It must be distinguished from that resulting from actual disease of the respiratory organs. Insomnia though not complained of by this patient is a frequent symptom, dependent more or less no doubt on the nervous condition of the patient. Dryness and coloration of the skin is a peculiar condition the frequent occurrence of which in this class of cases must be particularly noted, as its presence has led many observers to a mistaken diagnosis of Addison's disease. The color is more or less brown, the parts most affected being the face, neck, sides of chest, abdomen, lumbar region, axillæ and flexures of the arms and thighs. Either Græfe's, Stellwag's or Mobius's sign must not be regarded of diagnostic importance, as they are all frequently absent. Touching the subject of albuminuria in this connection leads us to a rather wide and fertile field for discussion and careful research on the question whether albuminuria, so frequently present in this and other conditions of doubtful origin, exists in association with these diseases as simply another manifestation of the disordered state of the whole organism, or is present as a symptom of a separate disease,—say of the kidneys—altogether distinct from any other condition with which it may coincidentally appear. The so frequent occurrence of albuminuria, together often with other evidence (such as the presence of casts) of renal degeneration, in the course of these affections renders it reasonable to suppose that the condition exists as simply another

indication of the systemic derangement. The answer to the question, however, remains to be more fully worked out—suffice it here to say that, though albuminuria frequently occurs associated as it is here with Graves's disease, yet we are not in a position to state positively that it is the result of any particular affection exerting its deleterious action mainly upon the kidneys.

With reference to the more unusual symptoms—polyphagia, polydipsia, polyuria and hyperidrosis, which this case presents, a few words will suffice to shew not only their rarity, but also the interest which they add to the case. A. Maude is again my authority for the following statements :—"Another not so common digestive symptom is an unnatural craving for food, of which there are two varieties, one in which the paroxysm occurs at long intervals and extends over several days and the other in which it occurs almost daily several times a day for a period of an hour or so—hæmorrhages from the stomach and bowels may accompany these crises, small in amount and the blood bright." In this case there was a constant craving for food which it seemed almost impossible to appease. Polydipsia, hyperidrosis and polyuria when present appear to be nearly always associated and occuring together. No clear explanation of their occurrence is offered—it is as if the latter two were the result either of defective innervation or of the irritation caused by the elimination of toxins by the skin and kidneys, and excessive thirst was present as a means of compensating for the undue discharge of fluids from the system. These conditions, though not common, are yet of frequent enough occurrence to demand our interested attention.

The chief interest in this case being centered around the unusual features which the symptoms present, and the object of this paper to assist in the diagnosis where such an irregularity of symptoms exists having, I hope, in some measure been achieved, but little remains, since the progress of the case as far as I can give it to date, shows no very flattering results. The patient has, of course, been under observation to only a limited extent, and any results from treatment have depended largely upon his own desire to be benefitted, and his faithfulness in observing instructions.

He has been kept since first I saw him, upon large doses of bromide of potassium, combined with moderate doses of the tincture ferri perchloride, both of which he has taken well, and later was put on strychnine also, the bowels being kept acting regularly.

The most I can claim from treatment is that the anæmia has almost completely disappeared, the general nervous condition of the patient is very much lessened, the soreness in the limbs nearly all gone, and the patient feels so much better and stronger that he wants to return to work. The condition of the urine, notwithstanding attempts at dieting and diuretic measures remains about the same, both as to quantity and quality, with the exception of the oxalate deposit which, disappearing shortly after the patient was put on the bromide, has not returned.

SOME RECENT DEVELOPMENTS IN EUROPEAN GYNÆCOLOGY.*

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Mr. President, Mr. Secretary and Gentlemen of the Maritime Medical Association;—

I realize very keenly the honour you have conferred upon me in asking me to take part in the proceedings of your association, and I deeply appreciate it. Though I have the pleasure of knowing many of your members personally, this is my first introduction to you as a society; indeed it is my earliest opportunity of acquaintanceship. Accordingly, may I be permitted to say that this, our first meeting holds for me a peculiar and two-fold interest, for I remember that here in Nova Scotia I am at home, and that your people are my people. Be it distinctly understood that in this category of "our own people" are included the two sister provinces of New Brunswick and Prince Edward Island. Lower Canada is indeed one community, for, in the founding of their families, how often did our fathers in the choice of life-partners cross and recross the Bay of Fundy, and also the Strait of Northumberland, this last even in winter time, and with, I am told, some occasional misgiving and difficulty. And here in this our "New Scotia" of the three Maritime Provinces, even as in the "Auld Scotia" north of the Tweed, the ties that knit together our "ain fowk" are always strong; despite the occasional occurrence of certain minor provincial differences, as for example, the respective size, wealth and importance of the three maritime capitals, Halifax, St. John and Charlottetown, or the special merits of these same three as winter ports, there is, I think, always the feeling of kinship in men from the Maritime Provinces, no matter where they meet, and you meet them everywhere. And I can truly say that to-day I strongly experience this feeling, and at the same time I cling to it in the hope that in some way it may modify the truth of the old saying in Israel, that a prophet, or peradventure a gynæcologist, is not without honour save in his own country.

Gentlemen, I have one word of apology, or rather of explanation, to make to you. The last three months I have spent in Europe, and it was only a week before I left on this visit that I received your president's kind invitation to read a paper at this meeting. Ten days ago I reached home in Montreal. From this you can understand that I have had no time or opportunity in which to prepare a set paper upon some given subject. Moreover I remember that at the best such set

*Read at meeting of Maritime Medical Association, Halifax, July 1904.

papers are but seldom adapted to interest general societies, so that I have chosen rather, making a virtue of necessity, to bring before you merely some of the experiences which I have gathered from my sojourn in Europe.

I have called this paper "Some Recent Developments in European Gynæcology," but at the same time I warn you that part of it will be concerned with mere description of men and things,—a gossipy part in fact, with the details of which many of you will be familiar. I have divided this paper into two parts:—

I. A general description with some special reference to teachng methods.

II. Clinical and operative work,—a study and comparison. The extent of my itinerary includes Vienna, Berlin, Edinburgh, London and Liverpool, and in the order named.

Part I.—Vienna, as many of you know, is architecturally beautiful, but if you live in pension you must be indoors by 10 p. m. or pay your 30 heller (about six cents) for the privilege of using your own latch-key. This rule is arbitrary and ofttimes seems unjust; in time it entails considerable financial loss. And yet Vienna is a grand place in which to work. Still this famous capital stretches itself, backed by a semilune of wooded hills, along the south bank of the Danube, and still the river, the size of the Avon at Windsor (when the tide is in), hurls along its rapid, mud-laden current beneath the five picturesque bridges. Now if the month be May, the time from 4 to 7 o'clock of a sunny afternoon, Vienna is gay and lovable, but if instead the time be March, or even April, the morning cold and wet and the hour 8 or even 7 (many of the clinics begin at these hours,) the medical stranger shivers his lost way through the huge labyrinth of the Allgemeines Krankenhaus, and feels that art is not only long but intensely disagreeable. This large general hospital, the largest perhaps in the world, boasts some 1500 beds, is old and barrack-like, and built about a central quadrangle, which in its turn is divided and redivided into many smaller quadrangles or hofs (as they are termed,) by intersecting pavilions. To find one's way about these hofs is about as difficult as to find it through one of their irregular German verbs.

In this great hospital there are three clinics devoted to gynæcology and obstetrics, for here, as elsewhere in Europe, these two subjects are always combined. The first clinic is Schauta's, the second Chrobak's, and the third Braun's. The chief of each clinic has six chief assistants and ten or twelve sub-assistants, who are always qualified men, and the amount of work accomplished is very great and can be realized from the fact that annually there are treated 7000 cases in gynæcology and 3000 confinements in each of these clinics. The chief here is invariably somewhat patriarchal in character; he operates once or twice a week, choosing the major or more interesting cases; is assisted

always by the first assistant, and a whole army of attaches; he rates them all soundly and often; delivers his daily clinical lecture within a wide orbit of satellites; spends a large part of his day in hospital; is usually fatherly and fat, often indulgent; will stand over the veriest junior who is doing his first curetting, advises him and often admonishes; he is consulted upon and about everything, and his guttural but benignant "Ich habe die Ehre" upon his retiral is pronounced and regarded in the nature of a benediction. Such is the chief's daily round, and in such way is created in his clinic an "esprit de corps" which makes for harmony and efficient work.

The first assistant is often a man of 35 or 40, has held the position for 8, 10 or 12 years, does the larger share of the work, has no time for private practice, ekes out a small stipend by hack tutorial work, and waits on in the hope of some remunerative appointment He tells you with a pathetic half-smile that the professors in Austria hold office for life, and that they live to be very old men.

Everywhere among the assistants is evidence of pride in and loyalty to their clinic, and the expression constantly in their mouths is — enunciated with great satisfaction—"In our clinic we do so and so". Even the house men here, though they share in full measure that colossal egoism that distinguishes the species the world over, defer in some small way to the judgment of the chief. I quite realize that this last statement will, and must, tax your credulity, but I give it nevertheless as a fact.

The nurses in Vienna are for the greater part of the Sairy Gamp order, stolid, and of generous proportions, rough somewhat; indifferently trained, their work like their uniform is nondescript. The whole setting of their surroundings is sordid, for the wards are old, the ceilings low, the furniture primitive and ugly; no show of taste or relief or adornment anywhere, but only the long whitewashed ward, the crowded beds with the single quilted cover, and for them up and down the wide tread, below the wide pelvis of their wide feet. Nerves they have none, and in our eyes little sensibility, as is witnessed by their methods in the male venereal wards, to give an example. In these wards, where are found syphilis, gonorrhœa and soft chancre, and their name is horrible and legion in Vienna, the men stripped mother-naked, are shepherded along by the nurses in groups of ten for the inspection of the chief. They also carry out a large part of the treatment and apply all the dressings, using in every instance both energy and despatch, and with never a shadow or tremor across their round rubicund faces.

The three clinics of Schauta, Chrobak and Braun are individual and distinct, self-contained in every particular and department. Their operating theatres are much alike, small, badly lighted and ventilated, and rather archaic in their fittings. Much flushing with water and lotion is made to cover a multitude of sins in construction

and technique,—waders of a kind are essential, caps are worn but no gloves, silk is used entirely, the anæsthetic is a mixture of chloroform, alcohol and ether, and assistants are so numerous that a tendency to fall over one another is often conspicuous.

Schauta, who is a strong advocate of the vaginal route for the extirpation of uterine cancer, and who frequently writes upon this subject, is 55 or thereby; dapper and slim for a German, grey and often irascible. He is a slow operator and is endowed with a tremulous hand.

Chrobak, whose name will always be associated with the extraperitoneal treatment of the cervical stump in supra-vaginal amputation of the uterus, is large, ponderous and fat. He carries a low chin, after the fashion of the late Lord Salisbury, and his hands when inside the abdomen seems to leave room for very little else. He operates sitting upon a stool; his only clothing above the trousers-line being a linen operating gown, which always fails signally to meet behind, to the resulting exposure of a large area of dorsal fat. He is slow but steady and accurate.

Braun, the eldest of the three, retired from active service three months ago. His work is being done by his first assistant.

Speaking generally, the quality of the operative work done in the Allgemeines Krankenhaus is not of the first class, and there seems less excuse for this when one sees the large amount of practical experience which is theirs. The sins are perhaps rather of omission than commission, for by far the greater part of the procedure is governed by surgical standards of ten years ago; there is little evidence of ingenuity or enterprise, and the work proceeds along lines that are always conventional and often antiquated.

By far the best known name is gynæcology in Vienna is that of Wertheim He is at the Elisabeth Spital where the Bettina pavilion was built for him six years ago by Rothschild, as a memorial to the recovery of his wife. This pavilion is modern in every way; it has no large wards but rather rooms for 1, 2, 3, or 4 beds, all opening off a long corridor which runs down one side of the building. The operating wing is well appointed; the theatre itself is good and flanked with convenient sterilising and anæsthetic rooms. Here are 70 beds devoted entirely to gynæcology. The central figure is of course Wertheim himself. Still in his prime, he is best known by his work upon the behaviour of the gonococcus in the female pelvis, his radical operation by the abdominal route for the relief of uterine cancer and his method of shortening the round ligaments through the vagina. An excellent operator, his work, while not brilliant, is thoroughly sound and consistent. His delicate fatherly care of tissue, cutting always and never tearing, and his accurate dissection, are the two outstanding features. His method of keeping track of his swabs during an operation is certainly unique. At one side of the theatre stands a

metal rack supporting 32 hooks. 32 swabs are counted out for each operation; each swab after it has been used is thrown on the floor; a nurse, detailed for the purpose, is constantly on the watch and with a long rod fishes up the swab and hangs it on one of these hooks. After the operation the number of empty hooks corresponds to the number of unused swabs. In the light of the recent tragedy in London where the abdomen was closed upon a forgotten swab, any method of ensuring the safe keeping of these necessary but troublesome articles is deserving of warm recognition. Wertheim keeps a special pathologist continually at work and all his material is carefully examined. If not the ablest, he is certainly one of the ablest exponents of European gynæcology at the present day.

The teaching in Vienna is good, especially in its clinical aspects. Many factors conduce to this :—the system of several and independent clinics and the power of choice granted to the student as to which of these he will attend, stimulates among the rival teachers an emulation which is healthy and productive; the practise of constraining to tutorial work of various kinds, all and sundry, of the many assistants; and lastly, and most important of all, the generous and considerate insensibility of the German frau herself. It is every day practice in the teaching of obstetrics, that women in the several stages of pregnancy, primiparæ and multiparæ side by side, are brought into the full clinic to illustrate in the most naked and unequivocal way the various clinical phenomena, and in the tutorial classes in gynæcology the vaginal examination upon each case is made by from eight to ten men. Verily the students of Vienna and Berlin owe to the frau, and alas, often, the fraulein a debt of great and lasting gratitude.

In Berlin, the Charite, the old historical general hospital, is being rebuilt, brick with stone facings replacing the old weather stained stucco. The different departments, medicine, surgery, gynæcology, etc., are separately housed here, but all within one general enclosure and picturesquely shaded by many trees. Here is the lately erected Virchow Museum, which cost Prussia 1,000,000 of marks; its shelves crowded with specimens in human and comparative pathology, and everywhere on the labels the fine and somewhat illegible script of the great master himself. His bust stands in a central room, here adorned unhappily by a pair of gold rimmed spectacles, and just across from the museum is the old Pathological Institute wherein was discovered and formulated the great fact of cellular structure, which alone has made possible all scientific pathology.

Since the large Martin left Berlin for Griefswald—rather compelled to do so from political reasons, arising out of the sin of his father who in order to facilitate the delivery of the Empress Frederick of the present Kaiser, performed a version, a manœuvre to which, rightly or wrongly, is attributed the somewhat shrunken arm of his Imperial Majesty, and for which neither the father nor the innocent

son are ever forgiven,—the gynæcological mantle has fallen more entirely upon Olshausen in the first instance, and laterally upon the two Landaus and Mackenrodt.

Olshausen's work is done at the Frauenklinik, a state hospital, modern and well equipped, overlooking the Spree. In active service for nearly half a century he carries with ease and dignity his 70 years. His published works would make a fair-sized library, for he has been concerned more or less intimately with the whole growth of German gynæcology. In his operating theatre is seen a bust of Schrœder, and on either side a motto: the one "Noli tangere," the other "Favete linguis," and both admirable you will admit in their intention and brevity. Olshausen begins to operate at 7.30 o'clock every morning. As an operator he carries through (to use a golfing phrase) with decision and despatch. Admission to the operation is gained by a personal interview with the head porter of the hospital, and only after the completion of a certain financial transaction more or less to the advantage of that functionary.

The great feature of Olshausen's service has always been his teaching, and he certainly is an excellent clinical teacher, fluent, lucid and dogmatic. Patients are brought into the lecture theatre, one after the other, and three students come down to examine and be examined upon each case The following is a list of the cases for one day:—

1. New born infant with fractured clavicle.
2. Infant four days old with complete occlusion of the lower bowel, $1\frac{1}{2}$ inches from the anus.
3. Ovarian tumour.
4. Carcinoma of the cervix uteri.
5. Severe prolapsus uteri and cystocele.

From this ordinary day's work the wealth of his clinical material can be inferred.

The Landaus, the elder of whom, Leopold, holds the rank of professor, own and conduct the best private hospital or clinic that I have seen anywhere. It is complete in every particular, including an excellent operating theatre, and on the top story is the pathological department under the care of Ludwig Pick, whose work upon syncytioma malignum is the latest deliverance upon the much disputed pathology of this neoplasm.

Mackenrodt, of vaginal fixation fame, is rather a free lance in Berlin gynæcology. He holds no teaching appointment, and his clinic is of modest dimensions and appearance. His appliances are simple and, in some instances, archaic; though his operating room sister clatters round in wooden clogs, yet the man impressed me as a thinking surgeon. His work is well conceived and cleverly executed.

The nursing in Berlin is on a much higher plane than that in Vienna, and approximates, though it does not equal our own English and American standards.

In Edinburgh, Sir Halliday Croom, whose reputation as a clinical teacher is world-wide, and whose famous opening sentence of his introductory lecture in obstetrics many of you must have heard,—"Parturition is a physiological process, identical in the countess or in the cow," has retired from active service at the Royal Infirmary, and Berry Hart reigns in his stead. The new gynæcological pavilion, opened in 1900, is modern and well-equipped. Elderly man though he is, Simpson's work has greatly improved and is now excellent; and there follow as a younger generation, Hart, Barbour, Brewis and Haultain. Milne Murray, after many months of suffering, only last winter passed finally beyond it all, hopeful of recovery till the end, and feeling, in the words at one time used by Gladstone, that his life's work at 49 could scarcely be all accomplished. The memory of the man remains, and the sound work which he did.

The Middlesex Hospital in London, at whose surgical head is Henry Morris, has not yet acquired possession of a sterilizer, indeed, has no way of sterilizing surgical dressings. The authorities, however, are extremely sanguine in the matter, and with every show of a reasonable and disciplined pride, state that a modern plant is at present being installed. The mortuary chapel here is one of the finest I have seen, lately given to the hospital by the friends of a grateful patient—not the patient himself, you understand, but his friends, afterwards. Whether or no there is any causal nexus between the absence of a sterilizer and the presence of a flourishing mortuary chapel, I leave you to infer.

Speaking generally, the London hospitals are still disappointing, still insulate and rival in their sympathies and work The new out-patient department and operating theatres at St. Thomas's are brilliant exceptions; they are, I believe, the finest in the three Kingdoms. Bland Sutton, of Napoleonic build and face, is reaping now in a large and lucrative practice the long sowing of his many lean preparatory years, though his operative skill is scarcely commensurate with his scientific attainments. Cullingworth has largely retired, and at the head of those who serve, and stand, and wait, are Malcolm, Eden, Tate, Giles, Fairbairn, Parsons and Bell.

An interesting experiment in theatre building has lately been carried out in the Northern Hospital of Liverpool. The theatre is built in some degree air tight. Just before the operation is begun the ordinary air is pumped out, the incoming air being admitted through an elaborate apparatus set in the wall on either side, which strains, moistens and heats it. The cost of this apparatus is considerable, and so is its working and maintenance. I saw some experiments carried out to show the purity of the atmosphere so obtained. Plate media exposed for 15 to 30 minutes upon the instrument table revealed the presence in the strained air of numerous organisms, chiefly fungi and yeasts, and yet the surgical wounds healed rapidly

and well. Still another illustration is this of the fact that the bacteria in the air are for the greater part innocuous, and also of the imperfect degree with which even the most elaborate appliances render the air sterile. Alexander works at the Infirmary, and as hard as ever. He still holds to his own operation for the shortening of the round ligaments, only now if there be any question as to adhesions about the uterus or its appendages, he does first a posterior colpotomy, and with his finger deals directly with these.

PART II:—CLINICAL AND OPERATIVE WORK:—A study and comparison. There are at the present time two practical questions about which gynæcology in Europe is deeply concerned. The one is the best, the most thorough, method of extirpating uterine cancer; and the other is the safest, simplest and most efficacious method of correcting downward displacements of the uterus.

Both questions are of great importance and have been, and still are, the subject of much controversy. Authorities of equal repute differ here as elsewhere as to the best method of relieving the conditions and the testimony is not unfrequently absolutely contradictory. I propose to discuss these questions in the light of my recent visit and then from my own experience to endeavor to draw some practical conclusions.

We will always keep in mind that it is impossible here, as elsewhere in surgery, to generalise, each individual case of cancer or of prolapse must be taken by itself and the best means for the relief of it as a singular and peculiar case, adopted.

(A) EXTIRPATION OF UTERINE CANCER:—I use the word extirpation advisedly, for we are only dealing here with hopeful cases wherein radical measures offer a chance of success. It is now generally admitted that if the uterus be affected with cancer, no matter where the lesion is situated, or how trifling the invasion, the right and proper treatment is always to remove the organ. The difference of opinion arises only as to the best and most efficacious method of effecting this removal. The older school of operators, and the larger, follow Schuchart of Nuremburg, and claim that in all cases malignant disease of the uterus is best removed through the vagina by vaginal hysterectomy. They plead that the operation is safer, not so severe, and that—and this is the crucial point—as complete a removal of the parametric lymphatic tissue in the pelvis can be so affected. On the other hand, the younger school, of which Wertheim of Vienna and Mackenrodt of Berlin are able exponents, contend that the abdominal route gives the freer access, permits of a more thorough removal, and that though this operation is more severe, abdominal hysterectomy (or vagino-abdominal hysterectomy when the cervical cuff of vaginal mucosa is dissected off from the vaginal aspect,) is the justifiable and the only justifiable procedure.

Let me describe shortly the two operations as performed for cancer of the uterine cervix, by far the commonest, and varieties of which Cullen has so admirably shown in his work on "Cancer of the Uterus," taking as an exponent of the vaginal method Schauta, and of the abdominal route Wertheim. Schauta begins his vaginal hysterectomy by making a deep incision through the perineum, carried backwards from the vagina to the left side of the anus. This incision is made simply to give more room; it is always a bloody incision as the lower hæmorrhoidal plexus is always opened into, and must be made with care as on two occasions I saw the rectum button-holed. A wide speculum is now placed in the artificially widened vagina, and the cervix being grasped, a wide cuff, $1\frac{1}{2}$ to 2 inches, of vaginal mucosa is dissected off round the portio. The bladder is carefully freed in front and this cuff is pulled downward into the vagina and its edges stitched together so as to make of it a hood completely covering the diseased cervix, thus preventing a cancer infection of the healthy tissues for the remainder of the operation. The uterus, ovaries, and tubes, are now removed in the usual way and as much as possible of the cellular and lymphatic parametric tissue.

The operation even under the most favorable circumstances is often one of some difficulty, and moreover the division of the broad ligaments is invariably dangerously near the true muscular wall of the uterus, which is, even in early cases, always the "danger zone" of possible cancer infection.

Wertheim in his "total extirpation," as he calls it—much the same operation as that practised by J. G. Clark and Cullen, and with some further modifications by Werder of Pittsburg—deals first with the cancerous cervix by means of a Paquelin cautery through the vagina, as much as possible of the cancerous tissue being so charred and removed. The vagina is again cleansed and only then is the patient brought into the operating theatre and the operation proper begun. The abdomen is entered through a mesial incision reaching to the umbilicus. The removal of the uterus is begun by dissecting out each ureter, beginning at the brim of the pelvis and following it well forward into the broad ligament. The ovarian and round ligament arteries are secured far out at the pelvic brim and the division of the broad ligament is made close to these ligatures and carried down to the vicinity of the uterine vessels. The bladder is dissected off the uterus and vaginal mucosa in front. The ureter has already been exposed to just where it dips beneath the uterine artery. The special point of Wertheim's operation is the way in which he now handles the ureter. He pushes his index finger from behind forward through the base of the broad ligament along the upper surface of the ureter and close to it. By so doing he isolates the uterine vessels which are now tied far out towards the pelvic wall, and when these vessels are divided the ureter lies exposed up to its entrance into the bladder. The bladder and ureters are now drawn upward and forwards and a wide dissection of the surrounding parametric tissue is made exposing

the vaginal mucosa on all sides for $1\frac{1}{2}$ or 2 inches below the level of the external os. This mucosa is divided at this level and the removal is completed. If the glands about the iliac vessels are enlarged they are removed, but chiefly for diagnostic purposes.

Such, in short, are the two operations. To my mind there is no question that the abdominal method provides the more thorough removal of all suspect tissue. True the primary mortality of abdominal hysterectomy for cancer is heavy, 10 to 12%, while the death rate after vaginal hysterectomy is less than half that; but, on the other hand, the percentage of permanent cures in the abdominal operations is more encouraging, 50% of the cases remaining cancer-free after five years. Vaginal hysterectomy can show no such figures as these. Indeed, five years ago Sir Halliday Croom went so far as to say that he never knew of a case in Great Britain where a permanent cure of uterine cancer was effected by vaginal hysterectomy. In Germany the ancer cases earlier seek assistance and the statistics of the vaginal peration show from 20 to 30% of permanent cures, successful only in bout half the number of cases as its abdominal rival. Vaginal ysterectomy has its definite indications, but they are not here, for I feel confident that the only promising way—and at the best it is but a half promise—of dealing with uterine cancer is through the abdomen.

Having spoken so dogmatically, I am now quite willing to admit that there are a few exceptional cases in our country, alas! how few! where the cancer is detected before the tissues be to any appreciable extent invaded. In such cases vaginal hysterectomy would suffice; but where the tissues of the cervix are at all affected, and these are practically all the cases, the only reasonable hope is in the abdominal operation.

(B) The Safest, Simplest and Most Efficacious Operative Procedures for Correcting Downward Displacements of the Uterus: It is plainly manifest that all downward displacement of the pelvic floor is of the nature of a hernia, and that in such instances the floor constitutes itself the wall of the hernial sac. The fact that certain viscera are incorporated in the floor does not alter the nature of the condition, though it complicates it—a prolapsus uteri is simply a hernia, a pelvic hernia. In prolapse, in this region, always, it is the movable pubic segment of the pelvic floor which prolapses downward past the fixed sacral segment, the line of division between these being marked by the vaginal slit. The pubic segment is, if only by reason of this mobility, the weaker, and it is to this weaker segment that the large pelvic organ, the uterus, is the more closely related. Normally, as you know, the uterus lies at right angles to the vaginal slit, mainly in the pelvic axis, but inclined slightly forward of this and partly supported by its own special ligaments. Consequently, the impact of intra-abdominal pressure acts upon it obliquely and from behind, and so tends to push it, not so much downward as forward upon the symphysis. If for any reason, however, congenital or acquired, the

uterus suffers a deviation backward, becomes retroverted, it comes to lie directly in the line of greatest intra-abdominal pressure and so transmits to its supporting structures the direct possible strain. Soon or late these supporting structures yield, and the retroverted uterus becomes, in a majority of instances, a prolapsed one; or to put it in other words, the first stage of prolapsus uteri is frequently a retroversion; a prolapsed uterus comes always to lie in the axis of the pelvis. Anatomically, the uterus belongs to the pubic segment, as we have seen, the weaker segment, the destiny of the one is that of the other. So long as the uterus remains mobile, that is, is not anchored by adhesions, no degree of descent of the pubic segment can occur without involving therein the uterus, and conversely, no change can occur either in the weight, position or direction of the axis of the uterus without imposing a dangerous burden upon this supporting structure. Speaking figuratively, we may liken the two segments of the pelvic floor to the lateral columns of an arch, *an inverted arch*, and the uterus to the crown or key-stone between these, the whole to constitute an antero-posterior span across the outlet of the pelvis. From this illustration we can more easily understand that the strength of the whole depends upon the integrity of each part and can follow the rationale of the various operations which, when damage has occurred, have been designed in the way of repair.

In prolapsus uteri the means of strengthening this arch at its convexity below, are the very common operations upon the vaginal outlet, viz: Anterior colporrhaphy and perinæorrhaphy. All gynæcologists are agreed upon their use and advisability, and the various methods of performing them differ only in minor details. But of themselves these operations do not give sufficient strength; for the keystone of the arch, the uterus, has swung loose and descended, lies under heavy pressure in the pelvic axis and is ready to plunge down and like a wedge drive asunder the repaired arms of the supporting arch. I do not of course refer here to the Le Fort operation, where the vagina is marsupialized by stitching together down a mesial area its anterior and posterior walls; in this way a new and artificial keystone is created by joining together below the level of the uterus the two limbs of the arch. Admirable operation as this is, it is only suitable to those cases where from chance or change the sexual use of the vagina is in abeyance. Rather we are dealing now with the common everyday cases where the serviceable patency of the vagina must be preserved, and here it is that the natural keystone of the arch, namely, the uterus, must be dealt with. It is in the manner of dealing with the uterus that opinions and methods are so numerous and diverse. The aim and object of them all is, however, one and identical; to lift the uterus upward, to fasten it forward of the pelvic axis and by so doing to reinforce the strength of the pubic segment of the arch.

The popular methods of dealing with the uterus here in our own country are, by a ventro-suspension, as modified by Howard Kelly

from the ventro-fixation of the German practice some ten years ago, or by an internal shortening of the round ligaments, these ligaments through a mesial abdominal incision being knuckled up, so shortened, and stitched to either the anterior or posterior surface of the uterus. Both these operations have stood the test of time, and in performing them you cannot go far wrong.

In England they favor rather the Alexander-Adams operation, the external shortening of the round ligaments.

In Austria-Germany they have largely forsaken the abdominal route in these cases and deal with the uterus through the vagina. Wertheim performs an anterior colpotomy, so opening the peritoneum in the utero-vesical pouch. The anterior surface of the uterus is grasped with tenacula and pulled forward and upward, hand over hand, the round ligaments are grasped on either side, knuckled together and stitched to the anterior surface of the uterus. The operation is virtually an internal shortening of the round ligaments, only performed through the vagina. Then follow the anterior colporrhaphy and perinæorrhaphy, and his operation for prolapse of the uterus is complete.

Mackenrodt opens into the utero-vesical pouch by an anterior colpotomy, and in the same way pulls the uterus upward and forward. He neglects the round ligaments, but instead pulls down the vesical peritoneum until the upper limit of the bladder is surpassed and the parietal peritoneum reached. Then an area about an inch square of this peritoneum is stitched to the anterior surface of the uterus between the insertion of the round ligaments. In a word, the operation is a ventro-suspension performed through the vagina. Here as before an anterior colporrhaphy and perinæorrhaphy complete the operation.

These, gentlemen, and very shortly, are the methods in vogue at the present day. Their number argues against the complete efficacy of any one of them. The tendency of all operators is to be partisan, and statistics—pray, pardon me—are often protean and unreliable. Each case must be dealt with in accordance with its own peculiar condition or need. My own feeling is strongly in favor of the internal shortening of the round ligaments as performed through the abdomen, and this is sustained by the wide experience of Dr. Gardner, the Professor of Gynæcology in McGill University. This operation is safe and adequate and disturbs in no way the anatomy or physiology of the pelvis. This, I call *the operation of election.* With the vaginal route I have had no experience. The Germans contend that these vaginal methods give equal satisfaction, while they lessen very considerably the severity of the operation. I am quite ready to believe them and shall, in the near future, put their assertions to the proof. My single comment at present must be the old one of St. Paul,—prove these operations: "Prove all things: hold fast to that which is true."

Correspondence.

To the Editor Maritime Medical News:

Dear Sir:—A short time after I had learned from a note in the Maritime Medical News of July '04 that the Provincial Sanitarium was open for the reception of patients, a young man consulted me with a history of two months' illness. He was suffering from cough with expectoration, and had lost some flesh. He had slightly intensified respiratory murmur at left apex. Temperature and pulse were normal, but sputum was swarming with tubercle bacilli. I considered the case a favorable one for treatment, and on mentioning the Sanitarium to him, he requested that I obtain the terms of admission.

In due time I learned from the Commissioner of Works and Mines that the regulations require that patients desiring admission to the Sanitarium be examined in Halifax by a Board appointed for that purpose.

Such an arrangement is, to my mind, decidedly unfair to patients living at points more or less distant from Halifax. It not only means an extra expense, but necessitates an amount of uncalled for exertion on the part of patients at a time when it is least desirable.

The patient, however, is not the only one concerned. The public, certainly, have good grounds for protesting against an arrangement which, in a way, compels persons suffering from pulmonary tuberculosis to perform an unnecessary journey in a public conveyance, and which in most instances also requires that they stay over night at a public house. To establish a Sanitarium with the idea of curing pulmonary tuberculosis, and surround it with regulations which aid in its propagation, is an arrangement that certainly merits unreserved condemnation.

The patient to whom I referred previously, if he applies for admission, must travel unnecessarily from Kentville to Halifax and return, and must stay over night at some hotel in the city, which means considerabie to him in the way of expense and fatigue: while the patrons of the hotel at which he would stop must take the risk of infection, with no greater safeguard than the ordinary cleanliness of hotel chamber-maids.

If it is necessary to have only one Examining Board, let its location be at or near the sanitarium. Far better, however, that a number of Examining Boards be established at easily accessible points in different parts of the province and thus ensure less expense and greater convenience to our people in need of such treatment, and, above all, protect the public as much as possible.

Thanking you beforehand for your valuable space,

I am, yours truly,

Yarmouth, N. S., Aug. 30, '04. G. D. Turnbull.

THE

MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. XVI. HALIFAX, N. S., SEPTEMBER, 1904. No. 9

Editorial.

THE MEETING AT VANCOUVER.

In this issue we publish an account of the recent meeting of the Canadian Medical Association at Vancouver, which, from every standpoint, was a pronounced succsss. The number who registered reached the figure of 267, the third largest convention in the history of the Association. The papers which, probably, attracted the most attention were the Address in Surgery by Mr. Mayo-Robson of London, and the Address in Gynæcology by Dr. E. C. Dudley of Chicago, both of which were admirably illustrated by lantern slides. The one fault of both was the length of the addresses—though somewhat pardonable as these gentlemen were specially invited to take part in the proceedings.

It was noticed that a large number of wonld-be contributors failed to make their appearance, which did not reflect much credit on these gentlemen. It was, likewise, anything but courteous to the president and officers, particularly when no word of apology or regret was received in explanation.

It is unnecessary to refer to the hospitality of the west which may be judged by referring to our account of the meeting. Everything reasonable was done to make the stay of the visitors as pleasant as possible, and every opportunity given to see the cities of Vancouver and Victoria and their immediate surroundings. A great many old friends who have made their homes in British Columbia were met and mutual pleasure was experienced in renewing old acquaintances. Most favorable impressions were carried away by the contingent from the maritime provinces, who will ever remember the benefits and pleasures received.

OSLER AND OXFORD.

All Canada congratulates Dr. Osler on his appointment to the chair of medicine at Oxford, but it is natural that the medical profession should take the keenest interest in this important event, and the readers of the MARITIME MEDICAL NEWS share the satisfaction of their brethren throughout the Dominion and join in heartily wishing the new professor a long and happy tenure of office.

We are all familiar with the career of our distinguished fellow-countryman, and we have learned to look to him not only as one of the great investigators into the mystery of disease, but as also a great illuminator of dark places and a safe and trusty guide.

There are few medical libraries in Canada without their copy of Osler's "Medicine." Indeed, this text-book is not only one of the recognized authorities throughout the English-speaking world, but it has been translated into several European languages.

We note with some amusement that many American papers speak of Dr. Osler as an American. And some of them are at a loss to know why he shonld leave America for Oxford, dwelling especially on the financial value of Dr. Osler's large consulting practice. They cannot apparently understand why a man should make any change except in the direction of a better salary, or why a "distinguished American professor" should leave a new and wealthy American university for one in England, old and by no means wealthy.

A better informed American paper, the *Chicago Inter-Ocean* says: "He stands in the front rank of American physicians, and by many good judges is considered the foremost man in his profession. Johns Hopkins is proud of him and devoted to him. Harvard wanted him to reorganize her medical school, just provided with a new plant and a huge endowment. His private practice was limited in size and profit only by his own convenience. England could offer him no material or professional reward he could not have here, and yet he goes to England."

We have not seen anywhere, among all the surprised comment over Dr. Osler's decision, a suggestion of what, we venture to say, was his true reason for accepting the Oxford offer. Although he has lived in the United States for twenty years, and has won here deserved fame and fortune, he was born and bred under the British flag. In science he is, of course, a cosmopolite, but we venture the conjecture that he has yielded to an influence that cosmopolites are wont to deride.

"It is necessary that a man love his native land," said a Greek poet more than 2,000 years ago. "His words may be otherwise,

but his heart is there." The instinct that leads men, just because they are men, back to the old home when the way is open, no matter what their wanderings or how fair their fortunes elsewhere, would seem to have operated upon William Osler. He can live where he pleases, and so he goes back under the old flag of his youth.

Dr. Osler has always been a true Canadian, loyal to British institutions and to the Union Jack.

We believe it is true that he had his little son baptised in the British consulate at Baltimore, so that he might, technically at least, be baptised on British soil.

There are two or three remarks we wish to make on this appointment.

In the first place it is a fact that the foundation of Dr. Osler's extraordinarily complete knowledge of medicine was laid in pathological study. The brilliant clinical studies carried on in Montreal, Philadelphia and Baltimore, had behind them weary hours and days of earnest work in the pathological laboratory of McGill.

And where did Dr. Osler learn the terseness and lucidity of his charming literary style, a style which makes his writings so clear and convincing, and his lectures and addresses works of art? Where, but in the careful and loving study of those ancient classics, those "dead languages," which some misguided people would have us expunge from our educational course.

It is only a few days since, sad to say, in an educational convention in this province, the noble Mother of Learning, who has called William Osler to her side, was alluded to as "a moss-grown university."

We are making great and rapid progress in Canada, but we think it would be well to hesitate before going further than we have done in "improving" our educational system and in eliminating from it those factors which have produced the sages and scholars and statesmen of Europe for 1000 years. The study of the classics has for centuries been the strongest feature of the "moss-grown universities" which have trained the leading spirits of the most dominant race in the world, and with very few exceptions, the Masters of Medicine have all been students of the ancient classics. And when Edinburgh calls for a MacGregor from Dalhonsie, and Oxford summons an Osler from Johns Hopkins, they give proof to the world that their eyes are open and that their old warm, strong hearts still throb with the true life of a "universal" learning.

THE PROVINCIAL SANITARIUM.

In the current number of the News, we publish a letter from Dr. C. D. Turnbull of Yarmouth, dealing with a matter referred to in our editorial pages last month. He cites an instance of the hardship entailed by the regulation requiring applicants for admission to the Provincial Sanitarium to come to Halifax for examination. He also gives a cogent reason for the appointment of examiners at other points than Halifax. Unquestionably the method in vogue not only subjects the patient to inconvenience and unnecessary expense, but, as Dr. Turnbull well points out, affords a very evident method for the propagation of tuberculosis. It would certainly appear that, in order to make the sanitarium serve the pnrposes for which it was designed, material modification of the present regulations are urgently demanded.

THE NEW GOVERNOR OF NEWFOUNDLAND.

We are pleased to publish herewith a short account of Sir Wm. MacGregor, the new Governor of the "ancient colony," belonging, as he does, to the medical profession. Sir Wm. has had a distinguished career, not only in the Crown Colony Service, but likewise in heroic conduct at sea.

The following is taken from *The Evening Herald*, St. John's, of a recent date:—

His Honor the Administrator was apprised yesterday afternoon that a new Governor had been appointed in the person of Sir Wm. MacGregor. This gentleman is a Scotchman, born in 1847, educated at Aberdeen, Glasgow, Berlin and Paris. He graduated M. B., Aberbeen, 1872, being the Watson gold medallist, two years later taking M. D. He has been resident physician and surgeon at Glasgow Royal Infirmary; resident physician Royal Lunatic Asylum, Aberdeen; assistant government medical officer, Seychelles superintendent Lunatic Asylum and resident surgeon, Civil Hospital, Port Louis, Mauritius; Chief Medical officer, Fijii, 1875; Receiver General and member of the Executive and Legislative Councils, 1877; Registrar-General, Agent-General of Immigration and Commission of Lands, Fijii, 1876; Joint Commissioner for the settlement of debts, dues from natives to Europeans, and for the settlement of pecuniary claims against the Government of Fijii, 1877; Receiver-General and Administrator of the Government and Acting High Commissioner and Consul-General for the Western Pacific; Administrator of New Guinea, 1888; Lieut.-Governor, 1895; Governor of Lagos, 1899. Sir William holds the Albert medal of the 2nd class, together with the Clarke

Gold Medals of the Royal Humane Society of Australasia, 1885, for saving life at sea." In this connection *The London Chronicle* says :— " Dr. MacGregor, as he was then, played a great part in the rescue of a shipful of Indian coolies in the Syria, which struck on a rock about twelve hours steaming from Suva, the capital of Fijii. Dr. MacGregor, then Acting Colonial Secretary, organized the relief expedition, clambered over a broken mast that was the only path to the emigrants, who had been more than two days on the split steamer, and again and again returned with a man or a woman on his back, and sometimes a child, held by its clothes between his teeth. A man of vast physical strength, MacGregor wanted it all for his final feat. Down below on the reef was a woman who had fallen overboard, had got at the spirits, and was mad with drink. The captain of the ship and a police officer who had gone after her were being swept out to sea. MacGregor slid down a rope, caught the knot of the woman's hair in his teeth, and with his hands seized the two men and dragged them both into safety. He went back to Suva in a borrrowed suit of pyjamas, having left all his clothes and a good deal of his skin on the coral reef. Then he wrote his report of the disaster and the rescue. Several of his assistants gained Royal Humane Society medals and deserved them. But there was no hint in the report that MacGregor himself had been on the scene at all. It was not until the Governor disclosed the real state of the case that Queen Victoria bestowed upon him the Albert Medal, and the Clarke gold medal was presented by Australia. Some time after speaking of that last exploit, MacGregor said simply that " he never, till that moment, understood the value of his great strength."

He also possesses the Founder's Gold Medal of the Royal Geographical Society for discoveries in New Guinea.

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Society Meetings.

CANADIAN MEDICAL ASSOCIATION.*

The thirty-seventh annual meeting of the Canadian Medical Association opened in the O'Brien Hall, Vancouver, on the morning of August 23rd. Besides the members of the Canadian association, there were also distinguished surgeons and physicians in attendance from England and the United States.

It was shortly after 11 o'clock when Dr. S. J. Tunstall of Vancouver, the President of the Association, took the chair and called the meeting to order. After the usual opening ceremonies came the formal introduction of distinguished visiting physicians. These included Dr. Dudley of Chicago, Dr. Ovialt of Oskosh and Dr. Mayo of Rochester, all of whom delivered addresses on various topics during the convention. Each of the visitors, as introduced, spoke briefly. Dr. Mayo, in particular, was loudly applauded when he said, that unlike politics, there was no dividing line in surgery, and that all worked together for the common good of humanity.

Dr. Brydone-Jack, the chairman of the local committee, then made several announcements regarding the entertainment of the visitors. For the benefit of the visiting doctors who belonged to the Masonic fraternity, a special meeting of that order was to be held. A letter was also read from the Vancouver Lawn Tennis Club offering the privileges of the club to the visiting members of the association.

Then came the formal welcome to the city, extended by Mayor W. J. McGuigan, M. D., in one of his characteristic and happy speeches. In opening, His Worship stated that he was happy to have the privilege of welcoming such a large number of members of his profession to this far western city. He regretted that the murky state of the atmosphere would prevent the visitors from seeing much of the scenic beauties for which the city was noted. He assured them, however, that if he could have it arranged otherwise, he would have had different weather to greet them during their stay here. Anyway, it was not the fault of the Council, he assured them, that this state of atmospheric conditions prevailed, however, some might accuse the Council of being a little foggy.

Although the visiting members of the Canadian Medical Association had arrived in the city in such large numbers, His Worship explained that the reason their arrival passed almost unnoticed was that there was such a constant influx of strangers that the coming of even so many doctors had occasioned no alarm among the inhabitants, as they were evidently not recognized. The Mayor then went on to dwell on the

*We are indebted to the *Daily Province* and the *World* of Van., for a part of this account

advantages to the city from such a gathering, and pointed out the facilities at the disposal of the visitors in the way of securing all necessary information about the city, which was afforded by the Vancouver Tourist Association. He paid a tribute to the energetic secretary of that organization, and then went on to speak of the many splendid openings in the West which existed for young physicians, as well as professional men in every walk of life. He threw a bunch of bouquets at the enterprise shown by the newspapers of the city, and said there was no city in Canada that was so well served in the matter of daily newspapers.

His Worship then drifted on to speak of the imperial and international standpoint of the convention. He was glad to see so many present from England and the United States, and he was sure that the exchange of ideas which would follow the sessions would be mutually beneficial. Coutinuing, he said the eastern visitors would be surprised to learn that the physical standard was, he considered, higher here than anywhere else in Canada, a remark that was greeted with hearty applause. In conclusion, His Worship stated that it gave him great pleasure to extend to the visitors the freedom of the city. He told the visiting surgeons to make themselves at home, and assured them that as chairman of the Police Commissioners, he would see that the visitors were given every opportunity to have a good time. He warned them to be afraid of the policemen because of their size, and suggested that the physician would find the cops handy to impart information about the city. He concluded by hoping that they would all enjoy their stay in the city.

The following resolution was then moved by Dr. R. E. McKechnie of Vancouver, seconded by Dr. R. E. Walker of New Westminster:

"Whereas, tuberculosis has been positively proved to be an infectious disease;

"Whereas, the patient is the focus of infection, and is capable of infecting, and does infect dwellings, clothing, and private and public places generally;

"Statistics already available prove that compulsory notification with educational oversight of the patient and those under exposure to the contagion, together with disinfection of infected materials and places, has resulted in a diminution of the number of cases;

"Whereas such action in the Dominion of Canada lies with the various Provincial Governments;

"Therefore, be it resolved, that the various provincial authorities be and are hereby urged to at once take the necessary steps to bring these suggestions into effect, and that the secretary be requested to forward copies of this resolution to the secretary of the various Provincial Boards of Health."

In speaking to the resolution, Dr. C. J. Fagan of Victoria, Provincial Health Officer, said that he was entirely in accord with the resolution, and considered that it covered the ground thoroughly.

Some years ago he had brought up a similar resolution, but owing to the apathetic manner in which the subject had been received by the members of the medical profession all over the province, he had allowed the matter to lie over until recently, when he had again commenced to agitate for an active campaign against this dread disease.

Owing to the absence of several of the doctors who were down on the programme to read papers at this morning's session, it was decided to defer these addresses until the afternoon's session, so instead of following the programme, it was decided to hear a paper by Dr. C. J. Fagan of Victoria, on "Patent Medicines."

Following the reading of Dr. Fagan's paper, which contained many statements sensational in their character, came the usual five minutes allowed for discussion on this topic.

It was finally moved by Dr. J. D. Lafferty of Calgary, and seconded by Dr. McCarty of Orillia, that Dr. Fagan and such other gentlemen as he wished to be associated with him, be appointed a committee to draw up a resolution dealing with the sale and regulation of patent medicines. This was carried

Afternoon Session.

Dr. J. C. Davie, of Victoria, vice-president of the B. C. College of Physicians and Surgeons, presented an address of welcome. In the name of the medical fraternity, he welcomed the assembled members. In his introductory remarks he claimed for local physicians the same devotion to and skill in labors devolving upon them. His address was well received by the medical brethren.

The next paper was the Address in Medicine, by Dr R. E. McKechnie, of Vancouver. The writer devoted the first part of his paper on the history and advance of the medical art from earliest times. An allusion in his address was of local import, as he gave a description of a sick Indian, of that locality, to whom he was called. He described how he found the medicine man there who had diagnosed the disease (really a form of tuberculosis) as a bad spirit, and with the aid of two old women, by beating drums and incantations was trying to drive it out.

The entire address was a comprehensive statement, in perfect rhetorical form of the steps of advance made in the various departments of medicine during the past year.

One statement made is especially worthy of notice in the light of the resolutions of the morning session. Speaking of tuberculosis and the advances which were being made in its treatment, the statement was made that if the lines laid down were followed out it might be that in fifty years the great white plague would become extinct.

In closing the writer alluded to the future of medical science, and noted that all that had been done would but serve as stepping stones to higher things. The paper was greeted with prolonged applause.

Dr. Lafferty, in a strong speech of commendation of the message of the paper, moved a vote of thanks to Dr. McKechnie. In another commedatory speech Dr. Campbell seconded the motion.

Dr. Tunstall, before putting the motion, said he thought it but just to state that Dr. McKechnie had started the preparation of the paper but two weeks ago, when another who had been selected was unable to perform the task.

Dr. McKechnie's paper was worthy of all the encomiums passed upon it, and honored both him and the town of his residence.

An exhibition and exposition of a new apparatus for a more accurate color test, was on the programme, to be presented by Mr. Mansfield, fleet surgeon of H. M. S. "Grafton." The "Grafton" having recently been called away to Honolulu, the apparatus and a paper by Dr. Mansfield were brought before the convention by Dr. Glenn Campbell, of Vancouver. A recess of fifteen minutes was then declared by the president for the purpose of closer examination of the apparatus.

Dr. B. E. McKenzie, of Toronto, presented an exhaustive paper on "A Further Study of Neuroses as Seen in Orthopedic Practice." The writer presented a large number of cases which had been treated under his direction, giving his methods of treatment, and results obtained in each case. He gave in the closing part of his paper a summary of the result of his observations of neurotic patients.

Dr. R. H. Craig, of Montreal, was the next speaker. His paper was "Some Case Reports." He presented two cases which had been operated on and treated by him, giving accurate detail of his judgments and methods of treatment. The last case was a peculiar one, the like of which the speaker had not been able to find in medical records.

After the speaker had returned to his seat amid applause, Dr. Hacket, of Montreal, spoke concerning the skill and care shown by Dr. Craig in his treatment of the last case reported. Dr. Irvine, of Montreal, spoke along the same line.

A large number of applications for membership, which had been passed upon by the executive committee, were read, and on motion the applicants were admitted to membership.

The followiug telegram was read by the president and was greeted with great applause :

NEW YORK, Aug. 2.

S. J. TUNSTALL, M. D.

Thanks for kind invitation. I greatly regret cannot attend meeting. The press here, medical and lay, refers triumphantly to Osler's appointment as Regus Professor of Medicine at Oxford. King Edward approved it. Osler has accepted for next year. God bless dear old Canada, McGill and Osler

Yours faithfully,

WOLFEID NELSON.

A communication from *The World*, stating that copies of the paper would be gratuitously presented to members of the convention was likewise greeted with applause.

There was no session in the evening, as there was a conversazione given in honor of the visiting members of the Canadian Medical Association in the Hotel Vancouver. It was attended by a very large number of the visiting medical men, their wives and friends, as well as a large number of private citizens.

The guests were received in the large new dining room, which was well arranged and brilliantly lighted, and the affair was a most successful function throughout.

A short musical programme was rendered by local talent, the several numbers being greatly enjoyed by the large gathering. The solosists were Hon. Mrs. Cecil Edwards, Mrs. Brougham, and Miss Olga McAlpine, who for the past three years has been contralto soloist in Holy Trinity church, New York.

Light supper was served later in the evening, after which the floors were cleared for dancing, in which a large number participated. The affair broke up about midnight.

MORNING SESSION, AUGUST 24TH.

Reinforced by fully a hundred members who reached the city on the delayed Imperial Limited and on last evening's express, the sessions to-day of the Canadian Medical Association occasioned much more interest than yesterday, and were consequently better attended.

There was a big crowd down at the depot last evening to meet the delayed flier and the transcontinental express. Attached to each train were several special cars containing parties of visiting physicians who nad tarried in the mountains to view the scenery. The securing of accommodations for all the visitors was an exacting task, but it was well looked after by the local reception committees, aided by the officers of the Tourist Association. All the leading hotels were now full of the visiting physicians and their families, many of the local doctors entertaining visitors, and others were the

guests of various friends in the city, outside of the medical profession.

After the festivities of last evening, the visiting doctors got down to business to-day, and the sessions were marked by the disposal of a large amount of routine work, together with the reading of a number of interesting and important papers. The main interest in the morning session centred on the Address in Surgery delivered by Mr. Mayo-Robson of London, Eng.

The following were nominated as members of the nominating committee to nominate officers for the association for the coming year :

Prince Edward Island—Dr. McLaren and Dr. Houston.

Nova Scotia—Dr. James Ross and Dr. J. B. Black.

New Brunswick—Dr. Morehouse and Dr. T. Walker.

Quebec—Dr. Shepherd and Dr. Boulet.

Ontario—Dr. Meek and Dr. Howitt.

Manitoba—Dr. McArthur and Dr. Chown.

Northwest Territory—Dr. Webber and Dr. Stewart.

British Columbia—Dr. Davie and Dr. R. E. McKechnie.

On motion, these were declared duly elected. Auditors were also appointed as follows :—Dr. Fraser, Victoria, and Dr. R. H. Craig, Montreal.

Then came the principal event of the morning—the address by Mr. Mayo-Robson, the eminent English surgeon, whose name among the members of the medical profession has been associated with some of the most skilful operations on record.

A large white screen was prepared for use with the stereopticon. The stereopticon was tested preparatory to illustrating the lecture, and then all the lights in the hall were turned on while Mr. Mayo-Robson made his opening remarks.

The eminent surgeon spoke in a clear, distinct voice, and every word of the lecture was listened to almost breathlessly by the assembled doctors, who crowded in from reception and committee rooms until every available inch of the large hall was filled.

Commencing with the modest statement that the results which he had noted in several thousand cases might be of some benefit to the members of the medical profession, Dr. Mayo-Robson went on to state that he would confine his remarks principally to " Affections of the Pancreas and Gall-Bladder." Having briefly outlined his subject and cited some of the symptoms, the speaker then went on to illustrate some of the cases he had operated on, and the methods which he had used.

For this purpose a number of rare and extremely interesting slides were thrown on the screen by the stereopticon. These slides showed the various diseases affecting the pancreas, as well as the treatment of them. Many of the illustrations were very valuable, as it is not

given to every practitioner to secure such valuable specimens of anatomical research as that enjoyed by Mr. Mayo-Robson in his extensive practice in one of the large London hospitals. After dealing with the pancreas and with the different stages of disease in the common duct, as well as in the intestinal passages, Mr. Mayo-Robson then went on to refer at length to the formation of gall-stones and affections of the gall-bladder. These were also illustrated by many views, all beautifully clear and distinct.

He gave his hearers some valuable advice regarding the best methods to be pursued as deduced from his extensive experience. He urged his hearers not to be afraid of making an incision sufficiently large when commencing an operation, as in many cases he had found that the internal organs were more injured by not having the initial incision large enough than otherwise. He thought that was the reason that so many operations failed by reason of the operator trying to save a few stitches in the incision. In proof of this he cited a number of cases which had come under his special notice.

Shortly afterward he was heartily applauded for a modest description of a wonderful case of surgery which he had performed. He went on to technically describe a number of other difficult cases, his remarks in every instance producing loud applause from the attentive doctors. He then gave his hearers hints on the use of chloride of calcium in operations in order to prevent hemorrhages. The diagnosing of complicated diseases next received the lecturer's attention, and he also gave his hearers some valuable hints along those lines. In conclusion, he made an appeal for the assistance of his medical colleagues for such rare cases of gall-stones and similar cases as came under their individual attention, all in the interests of humanity. He had operated on over 700 cases for gall-stones, and was constantly meeting with new phases of that trouble. He trusted that in a short time such difficult operations would, owing to the advances in modern surgery, be conducted without the slightest danger to life.

A hearty vote of thanks was tendered Mr. Mayo-Robson for his interesting and instructive lecture. In moving it Dr. Shepherd, professor of anatomy at McGill University, Montreal, paid a glowing tribute to the lecturer's ability. Dr. McArthur of Winnipeg, who seconded the motion, also spoke briefly along a similar strain.

A paper on "Hernia of the Bladder" was then read by Dr. Shepherd of Montreal, who dwelt on accidental wounds to the bladder. He concluded with advice regarding operations and treatment in special cases.

The discussion which followed Dr. Shepherd's paper was partici-

pated in by Dr. A. A. McDonald, Dr. Meek, Dr. Secord and Dr. Eagleson.

A paper on "Movable Kidney," was presented by Dr. Kenneth McKenzie, of Portland, Oregon. The paper covered a general description of the disease and its symptoms. He also gave statements of cases he had treated and his method of treatment.

His paper was discussed by Dr. R. R. Coffey, of Portland, Ore., and Dr. Eccles, of London.

The final paper of the morning was a case of "Hypertrophy of the Breasts," which was presented, accompanied by photographs by Dr. S. R. Jenkins, of Charlottetown, Prince Edward Island.

Afternoon Session, August 24th.

The first paper which dealt with several forms of blindness was by Dr. J. W. Stirling, of Montreal, who was tendered a vote of thanks for his instructive address (This paper will be published in the News.)

Then followed a paper by Dr. D. Cruikshanks of Windsor, Ontario, who took as his subject "Theraputic Hints from Bacteriology." He gave many interesting descriptions of the action of bacteria on certain animals. He was of opinion that too much medicine was used in bacterial diseases as a general rule, and thought that the twentieth century would witness a radical change in treatment.

This occupied the attention of the convention until after 4 o'clock, and in order to allow the members a chance to fill various engagements, an adjournment was then taken to 9 o'clock in the evening.

The wives and daughters of the visiting members of the Canadian Medical Association were most hospitably looked after by the local entertainment committee this afternoon. The programme included the choice of a drive around Stanley Park or a steamer excursion up the Inlet, after which a reception was held in the Pender Street Hall. Shortly after two o'clock a score or so of carriages left the Granville street entrance to the Hotel Vancouver for the drive around the Park. A number of the wives of the local doctors accompanied the visitors and explained the various points of interest en route. The big trees, the reservoir and the zoo were all duly inspected, and the visitors were loud in their praises of the beauties of Vancouver's Park.

Out on the Inlet the "Kestrel" had a merry crowd composed principally of visitors from inland towns who wished to get a taste of the salt sea breezes. An enjoyable trip around the harbor was made although the full scenic beauty of the surroundings was considerably marred by the hazy atmosphere caused by the forest fires.

All the sightseers returned from their drive or sail about 4 o'clock, in the right mood to enjoy the hospitality which the local ladies had thoughtfully provided in the form of a tea and reception in the Pender Street Hall, which was well filled.

The decorations were particularly attractive, and reflected great credit on the taste and ability of the decoration committee.

Evening Session August 24th.

The first paper was the address by the President, Dr. S. J. Tunstall of Vancouver. (Published in this issue of the News.) Prior to commencing the address, Dr. Powell, of Ottawa, took the chair, prefacing the action with a few well chosen remarks.

Senator Sullivan, in a quite lengthy speech, proposed a vote of thanks to Dr. Tunstall for his very able address. He spoke of the gratitude due to this young province for entertaining in its midst this cultured and enlightened gathering. He spoke of the history of the Canadian Medical Association, which had been first established thirty-eight years ago. He congratulated Vancouver on securing so many visiting doctors from the neighboring States, and said that if Canada was invaded it would not be by the way of Tacoma. (Laughter) He said he intended to have given them a little of the wisdom of the hoary east, but Vancouver was so much west that she was neither east nor west. He spoke with approval of the suggestions made by Dr. Tunstall, and said he hoped they would travel east and be taken up with enthusiasm by the profession as they went till they covered the whole Dominion. He again moved a vote of thanks to the President for the very able and practical paper he had given them.

The vote of thanks was seconded by Dr. Eccles of London, Ontario, and carried with enthusiasm.

A lengthy and instructive paper was then read by Dr. C. H. Dudley of Chicago. This dealt chiefly with the normal relationship of the female organs of generation. The reading of the paper, which was illustrated by a number of lantern slides, occupied much more than the alloted fifteen minutes, but the subject was so exhaustively and technically treated that the speaker was followed throughout with the closest attention. He was tendered a vote of thanks at the conclusion of his address.

As the visiting doctors are naturally interested in hospital matters, the President announced that views of the new Vancouver General Hospital would be exhibited. These were thrown on the screen by the aid of the stereopticon and explained by Mr. G. W. Grant of the firm of Grant & Henderson, who are architects for the building.

Morning Session, August 25th.

Routine matters were disposed of with a rush after the opening of this morning's session at 9.45. The reading of the minutes was dispensed with, and a long list of new members referred to the executive.

The first paper was by Dr. C. H. Mayo of Rochester, Minn. Dr. Mayo, who is one of the best known and most successful of American surgeons

took as the subject of his address "Tubercular Peritonitis," which he stated was fortunately rare and only occurred in about two hundred case out of thirteen thousand. He said that for many years surgeons had been operating for this affection, yet so far none of them were able to know just why such operatons were beneficial. He pointed out that the source of the trouble should be sought for in every case before an operation was undertaken. This disease occurred much more frequently in women than in men, the proportion being about five women to one man. It usually affected adults between the ages of twenty and thirty. The tuberculosis was usually mixed with infection in the first stage, and in the secondary stages the tuberculosis spread to other parts of the body.

Dr. Mayo went on to give some of the symptoms of the disease, and said that repeated operations were sometimes necessary to effect a cure. He concluded with a number of valuable hints on treatment and a recounting of some of his personal experiences in cases of this kind.

Drs. Macdonald and McKid moved a vote of thanks to Dr. Mayo for his address, which they both characterized as particularly instructive.

In acknowledging the vote of thanks Dr. Mayo said this was his first trip to Canada, and he was pleased to say that he had been benefitted in every way. He congratulated the Canadian Medical Association on having such a successful and largely attended convention.

Dr. Davie of Victoria, followed with a speech complimentary to the discoveries and researches in modern surgery made by Dr. Mayo and other leading American surgeons.

A technical paper on "Meckel's Diverticulum" with a report of a number of cases, was then read by Dr. H. Howitt of Guelph, Ont. The speaker had a number of photos of the cases and the operations which had been performed, which were handed around to the audience. Dr. Howitt was closely followed all through his address.

At the conclusion of Dr. Howitt's paper, Dr. Mayo complimented him on the clear manner in which he had outlined the cases in question, and expressed his opinion that they were, indeed, interesting. He said it was peculiar how little work could be done on the small intestines, and how much could be accomplished in operations on the large intestine. He went on to give a number of suggestions which he had practiced with good results on almost similar cases which had come under his observation.

Dr. Howitt acknowledged the hints given by his colleague, and made a short reply to his congratulatory remarks.

The next paper was a more than usually interesting one in view of the interest taken last year in the bloodless surgical operations by Dr. Lorenz for treatment of congenital dislocation of the hip. This paper was read by Dr. C. W. Wilson of Montreal, and was entitled

"Results (after one year) of the Lorenz Reposition on Congenital Dislocation of the Hip." An interesting feature was the exhibition of a large number of radiographs or X-Ray photographs, showing the bones of the various patients, both before and after the operation. Dr. Wilson's remarks were mainly extempore in explanation of the various photos, which to the practiced eyes of the assembled doctors told many an interesting story in themselves. The speaker said that so far 149 patients had been operated upon, some being affected in both hips, which made a total of 159 hips. Out of this number a very high percentage of cases had been reported as a complete cure, while the remaining cases had shown such improvement that an ultimate cure was looked for.

In the discussion which followed Dr. Wilson's address, Dr. B. E. McKenzie of Toronto said there was no department of modern surgery in which so much interest was being taken than this form of bloodless surgery as practised by Dr. Lorenz. He was pleased to hear of the results accomplished, and thanked Dr. Wilson for the able manner in which he had expounded them.

"Operative Treatment of Spina Bifida," was the subject of a paper by Dr. E. R. Secord of Brantford, Ont. He dealt in detail with the various phases of treatment.

Excursion to New Westminster and Steveston.

Leaving the tram office in special cars at 1.30 p. m., two hundred visiting doctors, accompanied in many cases by their wives and daughters, went over to New Westminster.

A few remained to visit friends in New Westminster, but the majority, after a short stay, embarked on two steamers and were taken down the Fraser to Steveston, the salmon canning centre of the Fraser. Although canning operations were practically over for the season in all the big canneries, the different establishments were thrown open for the inspection of the visitors. They were also taken to the Chinese and Japanese shacks of Steveston, and about 6 o'clock they returned to Vancouver by special train.

The Dinner.

Around the long tables arranged in banquet style in the big dining-room of the Hotel Vancouver were gathered notable representatives of the medical profession from all over Canada, with several distinguished visitors from England and the United States. The attendance amounted to about two hundred, nearly all being doctors.

President S. J. Tunstall presided, and on his right was Mr. Mayo-Robson of London, England, and on his left was Dr Shepherd of Montreal, a former president of the association. The tables were prettily decorated, and presented an attractive appearance. Over in one corner an orchestra discoursed a programme of popular airs in which inter-

national fantasies were conspicuous, and were greeted with applause. The speeches were of a very high order, but space will not permit a a full report.

Senator Sullivan, who responded to the "Dominion of Canada," told his hearers of how proud we should be that we were residents of the Dominion, and how exceptionally proud we should be of Vancouver, the best in Canada. He was glad to see so many from the United States on such an occasion. He humorously objected to having been pounced upon to reply to a toast when he was not looking. His remarks caused laughter throughout.

Mayor McGuigan who also responded to the toast reminded the members that in the holding of the convention in Vancouver the Association had completed the extent of Canada from Prince Edward Island to British Columbia. The members would go down to Victoria on Friday, and that would complete the trip to the Pacific coast. Touching upon Vancouver, he informed his hearers that when he first came to the city, the spot on which the dinner had been eaten was a forest, where grouse could have been obtained in season. Since then the city has grown into one of the best in Canada, with all the up-to-date appurtenances of a modern city. He hoped the members would carry back kind remembrances of their visit to the Pacific coast. (Applause.)

"Our Guests" was first responded to by Mr. Mayo-Robson who said Canada was a great country, not only in its details, but in its grandeur. Entering Belle Isle Strait he thought he was near Quebec, but after he had traveled a day and saw the extent of the province, he wondered how great Canada was. When he had crossed the continent his expectations were realized. When he went back he would know that England was smaller than ever, but that Britain was greater than ever. (Applause.) All that was needed was the federation which was now coming about. What was required was to have more Englishmen come to Canada for them to become followers of Mr. Chamberlain. He had not seen a more enthusiastic gathering. It was a great pleasure to see several hundred men together at the extreme west side of the continent. He complimented the resident doctors upon the prospects of a new hospital, and upon the equipment of the present institution. There was no want of learning or of care among the medical men of this part of Canada.

Dr. E. C. Dudley, of Chicago, said his first information of Canada was when he was a bare-footed boy, and he had formed many opinions of Canada at that time, since then those good opinions had increased. Proceeding, he said the lack of preparation had left him only one resource, to tell the truth. Before doing so (loud laughter), he said he would like to remark on the different periods in the feeling between the United States and Canada, the latest of which was here to remain. Earlier in the evening the President had

proposed the toast of the President of the United States. In the United States the toast of the King of England was never proposed. He had been present at many affairs of this kind in his own country, and the toast was "The King," and every one knew. (Applause.) British stock and American stock was common stock, and this was preferred stock. (Cheers.) Dr. Dudley touched upon the Russo-Japanese war, and said that while he was in favor of the Japs as a cosmopolitan, he hesitated about being in favor of a Japanese victory, as it might be a menace. He closed with a reference to the unanimity of Canada and the United States.

"The Canadian Medical Association" was responded to by Dr. Shepherd of Montreal, and Dr. Good of Winnipeg.

Dr. Shepherd, after an introductory remark that he recognized some of his old pupils, among them the mayor, said that the first president, Sir Charles Tupper, was still alive, which was worthy of note. The cause of its conception had been to get a Medical Bill passed, but this was ineffectual. The earlier efforts had been surpassed by the great meetings of later days. He had come to Vancouver, too, when the convention had been held at Banff, but the same smoke seemed still to hang over Vancouver. (Laughter.) He hoped, when he came west again, that there would be an opportunity to confirm the report that there was scenery here. (Laughter.)

Dr. Good, who had been referred to by Dr. Shepherd as the silver-tongued orator, turned the remark in a very pleasant way, and spoke of the benefits of the convention, referring humorously to the length of the papers read. One of the objects of the Association was to bring men together, which had proved beneficial. In his reference to Vancouver, he said it was pleasing to note that a member of the profession occupied the mayor's chair, and if a judgment could be made from adiposity, Dr. McGuigan was certainly an excellent mayor. (Laughter.) Dr. Good said he had come from the county of Bruce (cries of Hear, Hear), and had sat at the feet of his President, Dr. Tunstall, and from that schoolteacher had imbibed many of the noble ideas from which he now suffered. (Laughter.) Dr. Good upheld the reputation ascribed to him, and was interesting and humorous in his remarks, which were greeted with applause.

Morning Session, August 27th.

The final session of the Canadian Medical Association took place this morning and business was hurried through so that the members might catch the steamer for Victoria.

The report of the nominating committee was read and adopted as follows:

President—Dr. John Stewart, Halifax.

Vice-Presidents—Dr. McLaren, Mantague Bridge, Prince Edward Island; Dr. J. S. Black, Windsor, Nova Scotia; Dr. A. B. Atherton,

Fredericton, New Brunswick; Dr. Joseph E. Dube, Montreal, Quebec; Dr. H. Meek, London, Ontario; Dr. W. S. England, Winnipeg, Manitoba; Dr. C. H. Wilson, Edmunton, Northwest Territories; Dr. R. E. Walker, New Westminster, British Columbia.

Local Secretaries—Dr. H. D. Johnston, Charlottetown, Prince, Edward Island; Dr. G. C. Jones, Halifax, Nova Scotia; Dr. T. D. Walker, St. John, New Brunswick; Dr. J. B. Cameron, Montreal, Quebec; Dr. James A. Stewart, Palmerston, Ontario; Dr. Popham, Winnipeg, Manitoba; Dr. Hewettson, Pincher Creek, Northwest Territories; Dr. A. S. Monro, Vancouver, British Columbia.

Executive Committee—Dr. G. M. Campbell, Dr. J. Ross, and Dr. C. D. Murray, Halifax.

Treasurer—Dr. H. B. Small, Ottawa, (re-elected).

General Secretary—Dr. George Elliott, Toronto, (re-elected).

Place of Meeting, 1905, Halifax.

Dr. Powell, of Ottawa, presented a report of the committee on a Federal Health Department He said that in accordance with a resolution passed in London last year, the committee had interviewed the government, and he was sorry to report that it could not give them any assurance that the resolution in the matter could be practically considered. He said there seemed to be a general fear lest such a department should interfere with the autonomy of the provincial boards, but he had pointed out that there was no fear of that, as many matters would come up for consideration that could not be touched by the provincial authorities. He instanced the medical treatment of Indians which was under the supervision of the Minister of the Interior, and the quarantine department under the control of Dr. Montizambert. There were such matters besides as sickness on trails and in camps, which could be dealt with by a federal department, and he did not see that there was the least need that it should in any way interfere with the provincial departments.

Dr. Fagan said he quite agreed with Dr. Powell's remarks because, as a provincial medical health officer, he had often been faced with the very same difficulties of which he had spoken. Cases were brought to his notice that were not within the range of the provincial department, and when he applied to Ottawa he was told that they could not deal with them there.

The following resolution was then carried unanimously: "That the Canadian Medical Association regrets that the Canadian government has not seen fit to carry out the resoluion of this Association in favor of the creation of a Federal Health Department; and be it further resolved that the association continue to press this matter before the government, and that the special committee in charge of the same be reappointed and requested to continue its efforts to this end, and that copies of this resolution be sent to the Prime Minister, the Minister of Agriculture and the Secretary of State."

Dr. Fagan then brought in the following resolution on "Patent Medicines": "That in view of the large amount of patent medicines which are now on the market containing alcohol and various drugs which, being taken, lead to the formation of evil habits, and are dangerous to the health, and in special view of the false statements concerning these remedies made through the press and by other means, some means should be adopted to control and restrict the sale of such medicines and to prevent fallacious statements advertising the same. Further, that a memorial to the government be sent to the proper department concerning the matter."

Dr. Shepherd of Montreal, thought the resolution might have been a little more specific. There was a complaint, but no remedy suggested. He thought that considering the amount of alcohol used in these preparations, the manufacturers should be compelled to print a table of ingredients, as was done in Germany.

Dr. Fagan said the committee had considered that it would be better first to bring the matter before the authorities in a general way, and let them take what action they might think fit. He scarcely thought it would be courteous to tell them what to do.

Dr. Lafferty said that he agreed with Dr. Fagan in this matter, though, if the government seemed willing to take the matter up, they might make some suggestion to them next year.

The resolution was then passed unanimously.

Hon. Dr. Sullivan then brought up a resolution urging energetic legislation in connection with the correct registration of medical practitioners.

Dr. Powell said there had been a great deal of prejudice in the Province of Quebec against the change proposed, and the Association must try to remove this misunderstanding on which that prejudice was founded.

Dr. Tunstall said that the great obstacle in Quebec was that the people did not understand our language, but he thought that once this matter was placed clearly before them the difficulties would vanish. The resolution in no way interfered with local practitioners in the province—all that is required was that anyone wishing to be placed on a par with physicians all over the British Empire must first undergo a Dominion examination.

Dr. Lafferty thought that a memorial should be sent to the Dominion government in this matter and that it should be propagated in the press.

The resolution was then carried.

The auditor's report showed the handsome balance of $602 on the books.

A vote of thanks to the president and a brief reply from Dr. Tunstall brought the convention to a close.

After the close of the meeting, the members and their friends, numbering over two hundred, took the fine steamer "Princess Victoria" for Victoria, arriving there before 6 p. m. They were there welcomed by the city officials and members of the profession.

The entertainment of the visitors was auspiciously opened by a splendid open air concert at the Gorge that evening. The visitors embarked on a number of small launches, prettily illuminated, and much enjoyed the picturesque trip.

The Tourist Association provided this entertainment, which was much enjoyed. The city was reached about 11 p. m.

On Saturday morning, August 27th, the visitors were taken for a drive about the city and suburbs. After lunch the party embarked on the steamer "City of Nanaimo" and enjoyed a pleasant trip to Esquimalt and likewise visited the William Head Quarantine Station.

In the evening there was a grand reception accorded the visitors at the Parliament buildings, brilliantly lighted up for the occasion. Finn's orchestra was in attendance and did full justice to the musical feature. The assembly hall was thrown open and the elite of Victoria turned out to extend a welcome to the strangers within their walls. Premier McBride and all the members of the cabinet at present in town, with Mayor Barnard, acted as the hosts of the occasion. The visitors were presented individually, receiving a warm welcome and accepting the hospitality of the government.

THE LUNENBURG-QUEENS MEDICAL SOCIETY.

The Lunenburg-Queens Medical Society held its regular summer meeting at Chester, on August 24th.

At the afternoon session, besides routine business, the following cases were presented and discussed:—

(1.) Congenital dislocation of hip (unilateral.)
(2.) Syphilis of nervous system.
(3.) Sarcoma (?) of eye.
(4.) Hydrarthrosis of shoulder.

In the evening, representatives of The Life Insurance Association were heard *re* the fee of $5.00. They argued that Insurance Societies under their present premiums could not afford to pay an increased fee. This seemed to arouse but little sympathy among the doctors present as it was voted that the fee of $5.00 stand for all insurance examinations, including fraternal societies.

Dr. Pineo, in eloquent terms, welcomed the visitors to Chester.

The President's address by Dr. Hebb on "Medical Ethics" was then given.

Then followed a paper by Dr. H. A. March of Bridgewater. Dr.

March dealt very closely with the treatment of abortion. Discussion.

Dr. Morse reported an anomolous case of appendicitis in an interesting manner.

Dr. Hamilton described his sensation under the influence of various narcotic drugs, including cocaine and cannabis indica.

The absence of Dr. W. H. Macdonald was regretted, more particularly that it was due to his father's death. A committee was asked to convey to him a message of condolence.

The visitors were given a yacht sail during the afternoon, and after the evening session were entertained at supper by Dr. and Mrs. Hebb.

Personals.

The NEWS extends its sympathies to **Dr. W. H. Macdonald,** of Rose Bay, in the death of his father which occurred at North Sydney, last month.

Dr. F. F. Eaton, of Truro, who was seriously ill for some weeks, is now fortunately able to be out again.

Dr. H. L. Dickey has just returned from New York, where he was engaged in hospital work for some weeks.

Dr. C. D. Murray has gone to New York where he will devote some time to further qualification in life insurance examinations.

Dr. L. M. Murray, of this city, was married on August 31st, to Miss Ella W., daughter of the late R. B. Seeton.

Dr. Hugh Ross, of Hazel Hill, and Miss Sadie McIntosh of Stellarton, were married on the 7th inst.

Dr. F. N. G. Starr of Toronto, and Miss Annie C. MacKay of New Glasgow, were united in marriage on the 16th inst.

Dr. R. L. Blackader of Port Maitland, and Feila G. Gullison of Beaver River, were married on the 7th inst.

The NEWS extends congratulations to the happy couples.

Dr. N. F. Cunningham of Dartmouth, has entirely recovered from an attack of pleurisy, which confined him to the house for three weeks.

Obituary.

Dr. T. E. Morris.—The profession will hear with much regret of the death of Dr. Thomas Edward Morris of North End, St. John after a short illness, on the 8th of September.

Dr. Morris was one of the most popular of the younger physicians in the city and was securing a large practice. He was a son of the late J. E. Morris, for many years chief engineer of the government steamship Lansdowne, and his mother was Miss McElroy, daughter of Thomas McElroy. Dr. Morris was the only child. Graduating from McGill University in 1898, where he led his class in surgery, he came to St. John and for two years was physician at the General Public Hospital. When the small-pox epidemic broke out in St. John, Dr Morris took charge of one department under the Board of Health. He visited all suspected cases and attended those treated in their homes. Subsequently he assumed full charge of all cases and of the Epidemic Hospital. His indefatigable efforts were instrumental in stamping out the disease, and he was frequently congratulated for the spirit he manifested in regard to the epidemic and the manner in which he checked its career. As a result of his experience with small-pox cases, he was looked upon as an expert in that disease. He displayed in this connection, fine diagnostic qualities, and his work was accurate and well done. He was called to various parts of the province to give his opinion on obscure cases.

Dr. Morris was but 28 years of age, and was married a year ago. His good qualities of heart were well recognized by his professional brethren.

Book Reviews.

Acadiensis—Special Champlain Number, July. 1904. During the past nine months extensive preparations have been made for the Special Champlain issue of this valuable magazine. The forthcoming issue, which contains about 200 pages of printed matter, and is handsomely illustrated, is probably the best magazine issue of its class, that of a purely historical nature, yet published in Canada.

Considerable journalistic enterprise has been exhibited by the publisher, who has had extensive research made both in the British Museum, London, England, and the Biblioteque Nationals, in Paris, under the supervision of Mr. Victor Hugo Paltsits, of the Lenox Library New York, for data regarding the authenticity of existing portraits of de Monts and Champlain, six of which are reproduced in full page size. This topic is ably dealt with by Mr. Paltsits.

A special correspondent was sent to Brouage, on the south western coast of France, the town at which Champlain was born. The town as it appears to day, with its ancient walls, the old church at which Champlain probably worshipped, and the monument to his memory erected there. are all well illustrated. This is the first publication in America to present to its readers a sketch of the monument erected to this great Frenchman at his native place by his fellow countrymen.

Professor Ganong contributes an exhaustive article upon the voyage of Champlain, during which the discovery of the naming of the St. John river

took place. The pages relating to Champlain's experience in Acadian waters are reproduced by the photo-engraving process, from its original work, publised in Paris in 1613. This work is now extremely rare, so that the reproduction will be valuable to the linguist and the historian.

The French flag of the time of Champlain, with illustratios, by Dr. George Stewart of Quebec; the Colonists at St. Croix, by Edwin Asa Dix Fellow of Princeton University, and author of "Champlain, the Founder of New France;" The Indians of N. B. in Champlain's Time, by Montague Chamberlain; Champlain, a poem by S. E. Dawson, Litt. D., Honorary Secretary of the Royal Society; Men-ah-quesk, by Dr. W. O. Raymond, and other contributions, will make this issue of Ac-diensis practically a Champlain hand book.

Single copies to non-subscribers, $1.50; for sale at all book stores or upon application to D. R. Jack, Editor and Publisher, St. John, N. B.

Therapeutic Notes.

Pain—Lord Lytton said "There is purpose in pain." How true is the fact especially from a diagnostic point in diseases of women. Dysmenorrhea, that distressing manifestation of uterine obstruction most frequently caused by congestion is only one of the many instances. To equalize pelvic circulation and remove uterine engorgement is the object to be attained and is best accomplished by administering Hayden's Virburnum Compound.

Dr. James Charles Copeland says in his "Medical Treatise" in chapter on Menstrual life of Women, "For Dysmenorrhea characterized by sharp, colicky pains, there is nothing better than Hayden's Viburnum Compound."

The Bernier Expedition—The daily journals have not given many particulars of the Dominion Government expedition which has left Quebec to make a complete survey of the northern coast of Canada. This expedition, which sailed in the S. S. Arctic, will also establish a series of police posts on Hudson Straits and elsewhere, and for this purpose a large and ample supply of food is being taken. Among other things, the Government have purchased a large quantity of Lacto-Globulin, having decided that this food will be of decided benefit on sledge journeys, and as a special diet in sickness, and to give a salutary variety where so much preserved and sterilized food must of necessity be eaten.

There seems little doubt that if Nansen had been furnished with a highly nourishing food and readily carried food of this nature he would have reached the North Pole when he made his famous last dash, and Captain Bernier has recognized this fact by taking a considerable quantity of the most nourishing and easily assimilated food known

It is a matter of some congratulation that this food should be a Canadian discovery and made in Canada.

Sanmetto in Prostatitis of Gonorrheal Origin and Frequent Micturition of Old Men Due to Prostatic Trouble—While I am inclined to fight shy of proprietary preparations, I must admit that my first trial of Sanmetto was so satisfactory that I have since perscribed it a number of times. It acts like a charm in prostatitis of genorrheal origin, and it was in two very severe cases of this type that I obtained the best results In the frequent urination of old men. due to prostatic trouble, Sanmetto is without a peer, at least in my experience.

Cincinnati, Ohio. Wm. H. Simth, M. D.

A Scotch Doctor's Opinion—*The Quarterly Journal of Inebriety,* so well and favorably known through the instrumentality of its brilliant and philanthropic Editor, T. D. Crothers, A. M., M. D., quotes the following statement in reference to pain relieving remidies, from one of Great Britain's noted men, Dr. John Stewart Norvell, Resident Surgeon, Royal Infirmary, Edinburgh: "Antikamnia Tablets are a remedy for almost every kind of pain, particularly for headaches, neuralgias and neuroses due to irregularities of menstraution. They act with wonderful promptness; the dosage is small, two tablets. The undesirable after-effects so commonly attending the use of other coal-tar analgesics are entirely absent and they can therefore be safely put into the hands of patients, for use without the personal supervision of the physician."

Treatment of Chronic Ulcer of the Leg of Long Standing.—By Horatio W. A. Cowan, M. B. C. M. Aberd. (From the Lancet London, Eng. July 2, 1904.)—At the beginning of the present year I was called to a women, aged 54 years, who had a chronic sloughing ulcer for 22 years situated on the outside of the left leg, some ten inches long and three inches wide, with indurated edges and some thrombosis of the veins of the inside of the knee. Having first cleansed the ulcer with charcoal poultices for two days I applied wet butter cloth and then spread Antiphlogistine over it after which cotton wool and a bandage were put on. This was done every day by the patient's friends for four months. The ulcer is now quite healed over and the induration is all gone. She is able to resume her ordinary housework. I publish this case in hope that it might be useful to others as Unna's paste and all sorts of methods had been previously tried. I may say that I have no persoual interest in Antiphlogistine.

"There is purpose in pain."—*Lytton.*

Pain is nature's warning of some pathologic condition and is a diagnostic point of no small importance, especially in diseases of women. **Reflex Pain** in the Thigh, Lumbar or Occipital regions are many times signals of Uterine or Ovarian disturbances and are heeded by the careful practitioner.

DYSMENORRHOEA

that most distressing manifestation of Uterine obstruction, most frequently caused by congestion, readily responds to treatment by

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This well known anodyne not only relieves pain but equalizes pelvic circulation, and is especially indicated in **Metrorrhagia, Menorrhagia,** and as a general Uterine Tonic.

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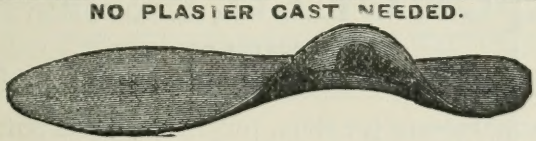

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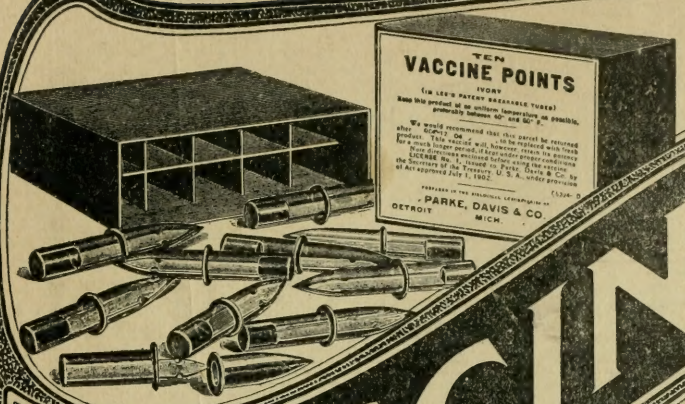

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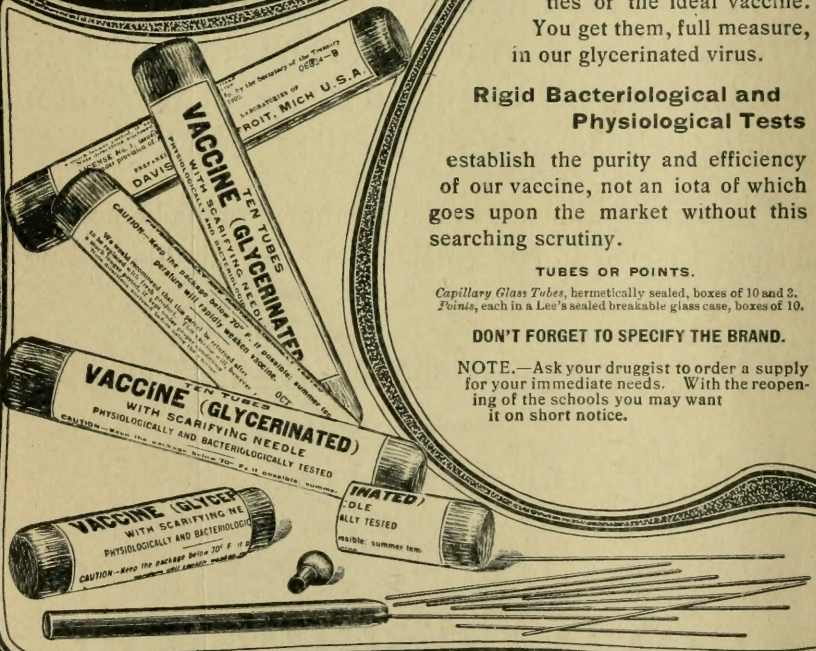

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